



Business Services Enrollment Form

- Business Electronic Banking (BEB) Enrollment
- Remote Deposit Capture (RDC) Enrollment

For Questions, contact: Client Services
563.441.6524
ebusinessservices@ambankqc.com

BUSINESS INFORMATION

Please fill in all the information requested below. The term "Applicant" refers to the business named below, and the terms "you" and "your" refer to each individual signing below.

Legal Name of the Applicant _____

DBA or Trade Name (if different) _____

Tax ID# _____

Street Address: _____

City: _____ State: _____ Zip code: _____

Web Address: _____

CONTACT INFORMATION

PLEASE NOTE: The individual listed below will be the designated System Administrator and will be responsible for the day-to-day management and security of BEB for the Applicant.

NAME: _____

TITLE: _____

TELEPHONE: _____

E-MAIL: _____

FAX: _____

AFTER HOURS PHONE: _____

Additional Administrator

NAME: _____

TITLE: _____

TELEPHONE: _____

E-MAIL: _____

FAX: _____

AFTER HOURS PHONE: _____

ACCOUNT INFORMATION

Please list all American Bank & Trust business checking, savings, and loan accounts that the Applicant requires access to in the BEB system. **Please list your primary account first.**

Account Number Example: 123456	Account Name Example: Payroll Acct	BeB Services (Selected Below)
		<input type="checkbox"/> ACH <input type="checkbox"/> Wire <input type="checkbox"/> Positive Pay
		<input type="checkbox"/> ACH <input type="checkbox"/> Wire <input type="checkbox"/> Positive Pay
		<input type="checkbox"/> ACH <input type="checkbox"/> Wire <input type="checkbox"/> Positive Pay
		<input type="checkbox"/> ACH <input type="checkbox"/> Wire <input type="checkbox"/> Positive Pay
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		<input type="checkbox"/> ACH <input type="checkbox"/> Wire <input type="checkbox"/> Positive Pay
		<input type="checkbox"/> ACH <input type="checkbox"/> Wire <input type="checkbox"/> Positive Pay

Billing Deposit Account# _____

BEB Standard Services:

- Bill Payment
- Statements

- Quickbooks
- Transfer Capability
- Standard Reporting
- Stop Payments

BEB Additional Services:

Please note, with every additional service selected, additional fees will apply.

- ACH Origination Payments & Collections
 - ACH File Upload
- Wire Transfer Requests
- Positive Pay – Check Fraud detection
- Out of Band Authentication for ACH and Wire Approvals
- Token Approvals

DAILY LIMITS

Transaction risk exposure is managed within BEB by anticipating the maximum dollar amount and frequency of funds transfers you desire to originate through ACH and/or Wire transfer systems. Please indicate your expected funds transfer origination activities through BEB.

Daily Maximum Dollar Limit of ACH and/or Wire Batches (total): _____

Expected Number of Originated ACH and/or Wire files over a year (total): _____

RDC Information

ACCOUNT NUMBERS	ACCOUNT DESCRIPTION

User Information

RDC USER NAME	USER ROLES	EMAIL ADDRESSES	PHONE NUMBER

User Roles Available:

1. Administrator – Manage users (Add & delete passwords, unlock users, change email addresses, assign contacts, modify user roles); Reset Duplicate History; View Reports and History for all users.
 2. Supervisor – Register PC/Scanner; Modify User Information (can not add or delete users or modify Administrators Information); Reset Duplicate History.
 3. Reviewer – View Reports and History for all users.
 4. Depositor – Create, Capture, Correct, Balance and Transmit Deposits; View Reports and History for yourself only.
- Multiple roles may be assigned to an individual user.

RDC SERVICE FEES

Service fees can be direct-posted as a hard charge to Customer’s designated Account or passed as a soft charge into account analysis if Customer’s linked deposit Account is enrolled in account analysis. Please select below how you would like to be charged for this service.

- Account Analysis
- Hard Charge

MONTHLY FEE

The monthly fee is based on the profile chosen. The monthly profile fee is included in the monthly Analysis Statement prepared for your overall business relationship with American Bank & Trust.

CANCELLATION

BEB and/or RDC Cancellations must be submitted in writing to:
 Client Services Dept.
 4301 E 53rd Street
 Davenport, IA 52807

The undersigned, as Applicant, certifies that all information provided herein is complete, true and correct to the best of his/her knowledge. By signing below, I authorize American Bank & Trust Company to verify and check, at its expense, any of the information provided, including checking

account history, credit bureau history or Dun & Bradstreet report. I also certify that I am signing on behalf of the Applicant in the capacity indicated beside my name and that I am duly authorized to execute this Agreement on behalf of the Applicant.

Signature Requirements: If the business is a corporation, partnership, or limited liability company, this application must be signed by an officer, employee or other agent authorized by the business's current depository resolutions delivered to American Bank & Trust Company (if deposit accounts are to be accessed through BEB) and current borrowing resolutions delivered to American Bank & Trust Company (if loan accounts are to be accessed through BEB). If the Applicant is a sole proprietorship, application must be signed by an authorized officer. If Applicant is the trustee under a trust agreement, this application must be signed by a trustee.

I have read and agree to the BEB/RDC Terms and Agreement Contract

Applicant's Legal Name: _____

By: _____
(Applicant's Authorized Signer)

Date: _____

(Printed name of Signer)

American Bank & Trust: _____

Date: _____

By: _____
(Authorized Representative)