

**A SEPARATE APPLICATION IS NEEDED FOR EACH COMPANY REPRESENTATIVE.
 IMPORTANT: PLEASE PRINT AND FILL IN ALL BLANKS.**

(Please Print) BUSINESS NAME					
ADDRESS				TAX ID NUMBER	
CITY	STATE	ZIP CODE	BUSINESS TELEPHONE NO.	EMAIL ADDRESS	
COMPANY REPRESENTATIVE			SOCIAL SECURITY NUMBER		BIRTH DATE OF CO. REP.
<p>IF YOU WOULD LIKE TO ACCESS ALL OF YOUR ACCOUNTS, CHECK THE FIRST BOX BELOW. IF YOU WISH TO LIMIT THE ACCOUNTS THAT ARE ACCESSED, CHECK THE SECOND BOX AND LIST BELOW THE ACCOUNT NUMBER(S).</p> <p><input type="checkbox"/> VIEW ALL ACCOUNTS _____</p> <p><input type="checkbox"/> VIEW SELECT ACCOUNT(S): _____</p> <p>_____</p>					
<p>DESIGNATE THE ACCOUNT NUMBER TO BE CHARGED FOR ANY SERVICE FEES THE BUSINESS MAY INCUR.</p> <p>ACCOUNT NUMBER: _____</p>					
<p>TO VIEW BANK OF LANCASTER BUSINESS VISA[®] CREDIT CARD ACCOUNT(S), LIST THE CARD NUMBER(S) BELOW:</p> <p>VISA ACCOUNT NUMBER(S): _____</p>					
<p>eVue ADVANTAGE (e - STATEMENTS)</p> <p>FOR INSTANT AND SECURE ACCESS OF YOUR MONTHLY STATEMENTS THROUGH ONLINEADVANTAGE, PLEASE CHECK THE "YES" BOX BELOW. OTHERWISE, PLEASE CHECK "NO".</p> <p><input type="checkbox"/> YES, I WOULD LIKE TO ACCESS MY MONTHLY STATEMENTS ELECTRONICALLY THROUGH ONLINEADVANTAGE AND I ACKNOWLEDGE THAT I WILL NO LONGER RECEIVE PRINTED STATEMENTS THROUGH THE MAIL.</p> <p><input type="checkbox"/> NO, I WISH TO CONTINUE RECEIVING MY PRINTED MONTHLY STATEMENTS THROUGH THE MAIL.</p>					
<p>DEPOSIT@DVANTAGE (REMOTE DEPOSIT CAPTURE)</p> <p><input type="checkbox"/> YES, I WOULD LIKE TO RECEIVE INFORMATION ON DEPOSIT@DVANTAGE FOR MY BUSINESS.</p>					

The business named herein is applying to the Bank of Lancaster for the ONLINEADVANTAGE Service. If this application is accepted and ONLINEADVANTAGE is activated, the undersigned applicant representative by signing, using, or permitting another to use ONLINEADVANTAGE agrees that the applicant will be bound by the terms and conditions of the ONLINEADVANTAGE Business Service Agreement and Disclosure Statement and also acknowledges the receipt of a copy. Everything stated in this application is correct as presented.

X _____
 Signature (Company Representative) Title Date

X _____
 Authorized Signature for Business Accounts Title Date

COMPANY REPRESENTATIVE AUTHORITY LEVELS

Identify authority levels for each transaction type listed below. Indicate N/A where not applicable. A separate application is needed for each company representative. Each user will have a unique login id and password.

TRANSACTION TYPE	CAN CREATE <i>Yes or No</i>	CREATE LIMIT <i>Dollar Amt or Unlimited</i>	REQUIRE DUAL SECURITY <i>Yes or No</i>
EXAMPLE	Y	UNLIMITED	Y
Account Transfer Allows transfer of funds between accounts.			
*ACH Allows user to create ACH transactions in the NACHA format.			
Bill Payment Allows user to pay bills online.		N/A	N/A
Change Customer Profile Allows user to change customer information.		N/A	
Check Reprint Allows user to order check reprints online.		N/A	
Credit Card Payment Allows user to make credit card payments online.			
Credit Line Draw Allows user to request an advance on a commercial credit line.			
Customer Activity Allows user to view an activity log of all transactions.		N/A	N/A
Customer Information Allows user to perform certain functions such as change password, change account alias, and change fee account.		N/A	N/A
Item Correction Request Allows user to initiate online requests to correct items improperly posted.		N/A	
Loan Payment Allows user to submit a loan payment.			
Loan Principal Payment Allows user to submit a loan principal payment.			
Report Request Allows user to request an online report of transactions.		N/A	N/A
Scheduled Transactions Allows user to schedule an individual or recurring transaction.		N/A	N/A
Snapshot History Request Allows user to request a snapshot or brief statement of online history.		N/A	N/A
Statement Reprint Allows user to request a previously printed statement.		N/A	
Stop Payment Allows user to request a stop payment be placed on one item or a range of items.		N/A	

X _____
Signature (Company Representative) Title Date

X _____
Authorized Signature for Business Accounts Title Date

* There are fees associated with this transaction type. For details, please refer to the attached Commercial Fee Schedule. Please provide the following:

Maximum dollar amount to be transferred per individual/entity \$ _____.

Maximum dollar amount to be transferred per total file \$ _____.