□ Add/Ren	nove Users		/Remove Services
City:			
City:			
City:		<u> </u>	
		State:	Zip:
	Contact Fax Nun	t Fax Number:	
	Contac	t Fax Number	r:
	any time. The adm e Banking.	e Banking.	any time. The administrator does not have to be to be to be anking. Contact Fax Number

Authorized Users Access Privileges

Name	Email Address	Access Type (Inquiry Only, Full Access- Including Transfers, Mobile etc.)		
Please indicate which accounts your A	uthorized Users can access and level of account	privileges given.		
When checked, your Users may	access the following services:			
☐ Account Inquiry Only- FREE	☐ ACH Origination	☐ ACH Origination*- \$24.95/mo.		
☐ E-Statements- FREE	\$39.95/mo100 items s	■ 100 items scanned per month free then \$0.35/item		
☐ File Management- FREE Export & Upload Transactions	☐ Positive Pay*- \$. ■ \$39.95/mo.	14.95/mo. . including ACH Origination & RDC		
■ Bill Pay**- FREE **Enrollment and Agreement must be comp notifications are available within the Bill Pa strongly encouraged to activate alerts and no	leted online. Alerts and Outgoing D y system. Users are Outgoing In	Fees are charged per wire transfer. omestic- \$20 nternational - \$40		
enrollment.	☐ Stop Payments-	\$35 per Stop Payment		

^{*}Cash Management Agreements and other related Agreements Required. Other service-related fees may apply.

I certify that by naming the above administrator, I am authorizing said administrator as a representative of our company to electronically accept the terms and conditions as stated in the Business Online Banking Agreement by clicking the "Accept" button when signing on to Bank of Botetourt's online banking for the first time.

IN WITNESS WHEREOF, the Bank and the customer have caused this Agreement to be executed and delivered by an employee having full authority to do so.

<u>Customer</u> :	Accepted: Bank of Botetourt
By:	Ву:
Name:	Name:
Title:	Title:
Date:	Date: