

Ownership Information:

- | | | |
|--|---|---|
| <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Corporation - For Profit | <input type="checkbox"/> Corporation - Non Profit |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Family Association | <input type="checkbox"/> Club / Society |

Company's Information:

Business Name: _____	Tax ID: _____
Address: _____	City / State / Zip: _____
Business Phone: _____	Fax: _____
Name of the Authorized Signer: _____	
(First) _____	(Last) _____

Online Banking Company Administrator's Information:

Name of Your Company Administrator for Online Banking: _____	Administrator's Phone: _____
(First) _____	(Last) _____
Administrator's Email: _____	Administrator's Birthday: (mm/dd/yyyy) _____
Administrator's Birth Place: _____	Administrator's Mother's Maiden Name: _____

Deposit Account Numbers:

Account Number 1: _____	Account Number 2: _____	Account Number 3: _____	Account Number 4: _____
Account Number 5: _____	Account Number 6: _____	Account Number 7: _____	

Basic Business Online Banking Features: Please check the features your company would like to subscribe to

- | | | |
|--|---|--|
| <input type="checkbox"/> Balance Reporting | <input type="checkbox"/> Transfer Funds between Your UCB Deposit Accounts | <input type="checkbox"/> Stop Payments |
| <input type="checkbox"/> Sweep Funds Automatically between Your UCB Deposit Accounts | <input type="checkbox"/> Bill Pay and Presentment | |

Referred By: _____ (Please specify a UCB branch / employee)

 I certify that I have read the United Commercial Bank Online Banking Agreement and agree to its terms and conditions. I have reviewed United Commercial Bank's Privacy Policy. I authorize United Commercial Bank to verify my identification and/or other information through consumer reporting agencies.

× _____	_____	× _____	_____
Signature of Business Owner or Authorized Officer	Date	Signature of Business Owner or Authorized Officer	Date

YOU CAN RETURN THIS FORM TO UCB BY ANY ONE OF THE FOLLOWING METHODS:

FAX : 415-885-3238. **MAIL :** UCB, ebusiness Support Group, M/S#555, 711 Van Ness Ave., San Francisco, CA 94102
Or simply **BRING IT** to any UCB branch

Bank Use Only

Prepared by Branch or Department Number: _____	Received by e-BSG Employee: _____
Branch or Department Employee Name: _____	Date Received by e-BSG: _____