



Company Information

Name	DBA Name (If applicable)	Federal Tax ID #	Company Website
Has there been any change to the ownership or control of your Company since the last Certification of Beneficial Owner(s) was completed? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, please complete Certification of Beneficial Owner(s))			

The Company listed above requests and authorizes Farmers & Merchants Bank of Long Beach ("Bank") to enroll in the below listed Services.

- | | |
|---|---|
| <input type="checkbox"/> Basic Online Banking – Sec 1 & 2

<input type="checkbox"/> Online Banking Cash Manager – Sec 1 & 2

<input type="checkbox"/> Online Wire Transfer – Sec 1 & 2

<input type="checkbox"/> Online Tax Payment – Sec 1 & 2

<input type="checkbox"/> Positive Pay – Sec 1 & 3

<input type="checkbox"/> Remote Deposit Capture ("RDC") – Sec 1, 4 & 5*

<input type="checkbox"/> Multiple Access Service Application and Acceptance (refer to page 6) | <input type="checkbox"/> ACH Origination – Sec 1, 4 & 6*

<input type="checkbox"/> Merchant Services – Sec 1, 4 & 7*

<input type="checkbox"/> Business Visa® Credit Card – Sec 4*

<input type="checkbox"/> Electronic Lockbox ("eLockbox") – Sec 1 & 2

<input type="checkbox"/> Medical Lockbox ("Med eSolutions") – Sec 1 & 2 |
|---|---|

*Approval required

Section 1: Company Administrator and Authorized Contact Person

Administrator Name #1 (OLB)	Administrator Log-In ID	Phone:
		Email:
Administrator Name #2 (OLB)	Administrator Log-In ID	Phone:
		Email:
Primary Contact Name #1	Product/Service (If applicable, list all)	Phone:
		Email:
Primary Contact Name #2	Product/Service (If applicable, list all)	Phone:
		Email:
Emergency Contact Name #1	Product/Service (If applicable, list all)	Phone:
		Email:
Emergency Contact Name #2	Product/Service (If applicable, list all)	Phone:
		Email:
Transactional Contact Name #1	Product/Service (If applicable, list all)	Phone:
		Email:
Transactional Contact Name #2	Product/Service (If applicable, list all)	Phone:
		Email:



Section 2: Business Services

Account Number(s) for products listed in this section	Online Banking <input type="checkbox"/> Basic <input type="checkbox"/> Cash Manager	Online Wire	Tax Payment	eLockbox and/or Med eSolutions
#	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
#	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
#	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
#	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 3: Positive Pay

Service Requested	<input type="checkbox"/> Traditional Positive Pay	<input type="checkbox"/> Payee Positive Pay	<input type="checkbox"/> ACH Positive Pay
Default Decision	<input type="checkbox"/> Pay All	<input type="checkbox"/> Return All	
Primary Account Profile Name	Primary Account Profile CIF #		
Account Name to be added to Primary Profile	CIF # to be added to Primary Profile		
Account Name to be added to Primary Profile	CIF # to be added to Primary Profile		
Account Name to be added to Primary Profile	CIF # to be added to Primary Profile		
Account Name to be added to Primary Profile	CIF # to be added to Primary Profile		

Provide additional company information for business services – RDC, ACH Origination, Merchant Services, and Business Visa Credit Card and complete respective sections as applicable.

Section 4: Additional Company Information

Type of Service/Product Provided	Years in Business	Number of Locations
Type of Business <input type="checkbox"/> Wholesale <input type="checkbox"/> Medical <input type="checkbox"/> Retail <input type="checkbox"/> Manufacturing <input type="checkbox"/> Internet <input type="checkbox"/> Other	Location of Your Business <input type="checkbox"/> Retail Storefront <input type="checkbox"/> Residence <input type="checkbox"/> Internet Site <input type="checkbox"/> Other <input type="checkbox"/> Office Building	
Gross Annual Revenue	Average Sales Amount	
Seasonal Business <input type="checkbox"/> No <input type="checkbox"/> Yes (If so, when?)		



Section 5: RDC

<input type="checkbox"/> RDC			<input type="checkbox"/> X9.37 (Image Cash Letter File)		
Account(s) to be linked to RDC		Account Name (Nickname)		Tax ID	
#					
#					
#					
Is RDC Location at Company's Physical Address?					
<input type="checkbox"/> Yes <input type="checkbox"/> No (If different than physical address, where?)					
Anticipated Daily Deposit Amount			Anticipated Highest Per Item Deposit		
RDC Scanner Type of Scanner:					
<input type="checkbox"/> Use Own Scanner		<input type="checkbox"/> Purchase Scanner from Bank		<input type="checkbox"/> Rent Scanner from Bank	
RDC User 1					
Full Name		RDC Access ID		RDC User Email	
System Access Level					
<input type="checkbox"/> Administrator		<input type="checkbox"/> Depositor		<input type="checkbox"/> Supervisor	
				<input type="checkbox"/> Reviewer	
Security Question			Security Answer		
RDC User 2					
Full Name		RDC Access ID		RDC User Email	
System Access Level					
<input type="checkbox"/> Administrator		<input type="checkbox"/> Depositor		<input type="checkbox"/> Supervisor	
				<input type="checkbox"/> Reviewer	
Security Question			Security Answer		
RDC User 3					
Full Name		RDC Access ID		RDC User Email	
System Access Level					
<input type="checkbox"/> Administrator		<input type="checkbox"/> Depositor		<input type="checkbox"/> Supervisor	
				<input type="checkbox"/> Reviewer	
Security Question			Security Answer		
RDC User 4					
Full Name		RDC Access ID		RDC User Email	
System Access Level					
<input type="checkbox"/> Administrator		<input type="checkbox"/> Depositor		<input type="checkbox"/> Supervisor	
				<input type="checkbox"/> Reviewer	
Security Question			Security Answer		



Section 6: ACH Origination

Checking Account(s) to be linked to ACH Origination	#	#								
	#	#								
Purpose of ACH Origination. Check all that apply. <table style="width: 100%; margin-top: 5px;"> <tr> <td><input type="checkbox"/> ACH Payments (Send Funds - Credit Recipient's Account)</td> <td><input type="checkbox"/> ACH Batch</td> </tr> <tr> <td><input type="checkbox"/> ACH Receipt (Receive Funds - Debit Recipient's Account)</td> <td><input type="checkbox"/> Same Day ACH Origination</td> </tr> <tr> <td><input type="checkbox"/> ACH Payroll (Credit Recipient's Account for Payroll Purposes)</td> <td><input type="checkbox"/> Other</td> </tr> <tr> <td><input type="checkbox"/> ACH Collection (Collect Funds)</td> <td></td> </tr> </table>			<input type="checkbox"/> ACH Payments (Send Funds - Credit Recipient's Account)	<input type="checkbox"/> ACH Batch	<input type="checkbox"/> ACH Receipt (Receive Funds - Debit Recipient's Account)	<input type="checkbox"/> Same Day ACH Origination	<input type="checkbox"/> ACH Payroll (Credit Recipient's Account for Payroll Purposes)	<input type="checkbox"/> Other	<input type="checkbox"/> ACH Collection (Collect Funds)	
<input type="checkbox"/> ACH Payments (Send Funds - Credit Recipient's Account)	<input type="checkbox"/> ACH Batch									
<input type="checkbox"/> ACH Receipt (Receive Funds - Debit Recipient's Account)	<input type="checkbox"/> Same Day ACH Origination									
<input type="checkbox"/> ACH Payroll (Credit Recipient's Account for Payroll Purposes)	<input type="checkbox"/> Other									
<input type="checkbox"/> ACH Collection (Collect Funds)										
Will you be using F&M Bank's Online Banking or your own ACH software or processing system? <input type="checkbox"/> F&M OLB <input type="checkbox"/> Own File										
Frequency <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly	Monthly Amount									

Section 7: Merchant Services

Checking Account(s) to be linked to Merchant Services	#	#
	#	#
Currently accept card payments? <input type="checkbox"/> Yes <input type="checkbox"/> No	% of Sales that are Card Present	% of Sales that are not Card Present
Do you accept AMEX? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you want to auto batch? <input type="checkbox"/> No <input type="checkbox"/> Yes (If so, what time?)	
Do you accept PIN-base debit? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of current Terminal/Point of Sale System or Software	

Client to provide the following documents:

- **For ACH and RDC and Business Visa® Credit Card** - Copy of the two most recent bank and account analysis statements, as applicable. Not required if you are an existing Bank client. Upon request, copy of the most recent 2 years financial statement and/or tax returns along with a current interim financial statement
- **For Business Visa® Credit Card and Merchant Service** – An executed Certification of Beneficial Ownership form
- **Separate Agreement(s)** required for:
 - Smart Safe Service – Smart Safe Agreement
 - Merchant Services – Merchant Processing Agreement
 - Business Credit Card – **Commercial Credit Card Continuing Guaranty, This form must be signed by all owners with 25% ownership in the company, or by all Trustees if the application is for a Trust.**
 - Med eSolutions – Business Associate Addendum



Acceptance

Defined terms will have the meaning provided in the Farmers and Merchants Bank of Long Beach Business Banking Master Agreement, unless otherwise defined herein.

The undersigned company ("Company") hereby applies for the Services in this Business Banking Master Agreement: Business Application and Acceptance ("Application and Acceptance") and agrees to each of the following:

1. Company agrees to be bound by the Farmers and Merchants Bank of Long Beach Bank Business Banking Master Agreement, together with each applicable Service Description, including any Supporting Documents, corresponding exhibits, schedules, enrollments, or attachments to the same, which apply to the services designated by Company in Part I of this Application and Acceptance, and Company's use of any Service, including without limitation each Service that Company commences using after the Effective Date of this Application and Acceptance, confirms Company's agreement to be bound by the Agreement and each Service Description relating to that Service;
2. The Company has received a copy of the Agreement together with each Service Description for which a Service has been selected by Company below; and
3. The party signing on behalf of Company, below, has full authority to execute this Application and Acceptance on behalf of Company, and to enter into other agreements and Supporting Documents for the Services now or hereafter offered by Bank, and to amend, terminate or otherwise act on behalf of Company with respect to each Service used by Company.

Any Company initiated addition, deletion or change to the Application and Acceptance for any Service must be submitted in a form acceptable to Bank, and no such requested addition, deletion or change will become operative or effective until Bank confirms to Company that such addition, deletion or change has been approved by Bank and implemented. Notwithstanding the foregoing, Bank reserves the right to add to, delete or change this Application and Acceptance upon notice to Company.

The Application and Acceptance may be signed in counterparts and transmitted by facsimile. If signed in two or more counterparts, each will be deemed an original, but such counterpart will constitute one instrument. The effectiveness of the Application and Acceptance (or any related document) and any signatures shall, to the extent permitted by applicable law, have the same force and effect as manually-signed originals and shall be binding on all parties hereto. Bank may also require that the Application and Acceptance (or any related document) be confirmed by a manually signed original thereof, provided, however, that the failure to request or deliver the same shall not limit the effectiveness of any facsimile document or signature.

The "Agreements" relating to the provision of any Services consists of and incorporates each of the following, as amended from time to time.

- Business Banking Master Agreement
- Master Company Resolution

Authorized Agent			
Name	Signature X	Title	Date
Branch Comment:			
<input type="checkbox"/> Existing Master Company Resolution on File <input type="checkbox"/> Analyzed Account - Charge Group # <input type="checkbox"/> Non Analyzed Account - Charge Account #			
Application processed by:			
Name	Signature X	Date	
Branch Approving Officer:			
Name	Signature X	Date	



Multiple Access Service Application and Acceptance

Defined terms will have the meaning provided in the Farmers and Merchants Bank of Long Beach Online Banking Access Agreement & Electronic Fund Transfer Act Disclosure and/or the Business Banking Master Agreement ("Agreements").

Step 1: Assign Primary Account for Online Banking

Primary Account Holder	Customer Information File (CIF) #
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Step 2: List Linked Account Holders ("Linked Account Holders") to be added to Primary Account Holder Profile

Account Holder	CIF #
Account Holder	CIF #
Account Holder	CIF #
Account Holder	CIF #
Account Holder	CIF #
Account Holder	CIF #

Agreed and Accepted

By signing below as to each of its Accounts, each of the Account Holder(s), acknowledges the "Linked Account Holders" above has read, accepts and agrees to be bound by the terms and conditions provided in the Agreements including but not limited to the "Multiple Access Service" provisions, the exhibits and addendums thereto.

Authorized Agent

Name	Signature X	Title	Date
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Authorized Agent

Name	Signature X	Title	Date
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Print duplicate copies if additional Linked Account Holder(s) or signature lines are needed.

Branch Comment:

Application processed by:

Name	Signature X	Date
------	----------------	------

Branch Approving Officer:

Name	Signature X	Date
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