



Employee Authorization Business Connex Online

Company Name: _____

Employee Section

Employee Name: _____

Security Question: _____

Security Answer: _____

Token Serial Number: _____

Contact Phone: _____

Fax Number: _____

Email Address: _____

After Hours Number: _____

Access Section

	Begin Time (hh:mm)	End Time (hh:mm)
Monday:	_____ AM	_____ PM
Tuesday:	_____ AM	_____ PM
Wednesday:	_____ AM	_____ PM
Thursday:	_____ AM	_____ PM
Friday:	_____ AM	_____ PM
Saturday:	_____ AM	_____ PM
Sunday:	_____ AM	_____ PM

Stop Payment Section

Please indicate with a “Yes” if your employee is authorized to inquire, issue, or delete stop payments.

	Yes	No
Inquiry:	<input type="checkbox"/>	<input type="checkbox"/>
Add:	<input type="checkbox"/>	<input type="checkbox"/>
Delete:	<input type="checkbox"/>	<input type="checkbox"/>

Approvals Section

“Yes” in the first six items listed below indicates that the transactions placed by the employee are automatically approved and require no additional intervention or “dual” approval by another employee. “No” indicates that another employee within your business must log on to Business Connex to review and approve the pending transaction(s).

“Yes” in the ‘Employee Permission to Approve Transfers’ indicates that the employee may **review and authorize** transfers requiring **additional** approval. “No” indicates that the employee cannot approve pending transactions. This option is used **only** when your business prefers approval of transfers and/or stop payments **by two employees** (dual control).

	Yes	No
Automatically Approve Stop Pays:	<input type="checkbox"/>	<input type="checkbox"/>
Automatically Approve Internal Transfers:	<input type="checkbox"/>	<input type="checkbox"/>
Automatically Approve ACH Transfers:	<input type="checkbox"/>	<input type="checkbox"/>
Automatically Approve Wire Transfers:	<input type="checkbox"/>	<input type="checkbox"/>
Automatically Approve ACH File Transfers:	<input type="checkbox"/>	<input type="checkbox"/>
Automatically Approve Other File Transfers:	<input type="checkbox"/>	<input type="checkbox"/>
Employee Permission to Approve Transfers:	<input type="checkbox"/>	<input type="checkbox"/>
Operations/Internet Banking/Forms		

Fast Deposit Section

Please indicate with a “Yes” if your employee is authorized to use Fast Deposit.

Yes No

Fund Transfer Options Section

“Yes” indicates that an employee has authorization to **view** the transfers available for issuance. “No” indicates that an employee does not have security to view or issue transfers.

Inquiry: Yes No

“Yes” indicates that an employee has authorization to **issue** transfers that are specified in the “Fund Transfer Section” below. “No” indicates that the employee does not have authorization to transfer any funds even if “Yes” is specified in the “Fund Transfer Section” below for the employee.

Change: Yes No

Fund Transfer Section

Please indicate with a “Yes” which transfers your employee is authorized to access.

Transfer Name:	Yes	No
_____	<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"/>

File Transfer Section

“Yes” indicates that the employee has authorization to **issue** file transfers. “No” indicates that the employee does not have authorization to issue file transfers.

Transfer Name:	Yes	No
_____	<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"/>

ACH Correction/Reorigination Request Section

“Yes” indicates that the employee is authorized to submit requests. “No” indicates that the employee is not authorized to submit requests.

ACH Correction/Reorigination Request: Yes No

I, being an account signer for _____ authorize _____ to obtain account information, issue stop payments, and transfer funds and files through Business Connex, in person, or by telephone as indicated above.

Authorized Signer

Date

*Fax completed form to Charyl at 335-5191. If you have any questions, contact Charyl at 335-5242.