

 **E-Corp** Application
Company Information

Company Name: _____

Address: _____

City, State, Zip: _____

Contact Name: _____

Contact Telephone Number: (____) _____ - _____

E-Mail: _____

Tax ID Number: _____

Authorization

I certify that I am an Authorized Signer(s) on behalf of the Company, and are authorized to (1) apply for the Union Center National Bank E-Corp Service; (2) designate the deposit and loan accounts of the Company that may be used in connection with the services rendered herein; (3) designate the employees of the Company who may use the services and any limitations on such use; and (4) complete and execute all forms, documents and agreements required by Union Center National Bank to use the services rendered herein.

By signing the Agreement the Authorized Signer(s) on behalf of the Company, agrees as follows:

I certify that all the information in this Agreement is true and complete and I agree to notify Union Center National Bank of material changes to such information.

The Company agrees to be bound by the terms and conditions of its Account(s) as described in the Agreement and such other agreements as may govern specific products or services. The Company further agrees that the Account(s) and services are governed by federal and New Jersey law. By causing the Application to be submitted on its behalf, the Company agrees to be bound by the terms and conditions governing the Account(s) linked to E-Corp. Use of E-Corp confirms the Company's acceptance of the terms and conditions governing the Account(s).

I further certify that the resolution set forth above properly adopted on the date of the Application is submitted by the Company in accordance with and in conformity with the Company's governing documents has not been modified or rescinded and is in full force and effect.

Authorized Signature

Authorized Signature

Name

Name

_____/____/____
Title Date

_____/____/____
Title Date

E-CORP SERVICE SET UP PAGE

A. Account number(s) authorized for level 1 service:

- | | | | |
|----|-------|----|-------|
| 1. | _____ | 4. | _____ |
| 2. | _____ | 5. | _____ |
| 3. | _____ | 6. | _____ |

B. Names of authorized employees

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

C. Check additional services requested. Additional agreement(s) required:

- | | | |
|----|----------------|-------|
| 1. | Bill Payment | _____ |
| 2. | ACH Payments | _____ |
| 3. | Wire Transfers | _____ |
| 4. | Tax Payments | _____ |

Level 1 service includes:

1. Account view capability.
2. View transactions in date order.
3. Initiate stop payment activity – inquiry, add, delete.
4. Internal funds transfer among above listed accounts.
5. Above authorized employees have full account capabilities.

Important Stop Payment Information: By submitting an electronic stop payment order, the account holder agrees to abide by the rules and regulations (as outlined in the Uniform Commercial Code or other applicable commercial laws) governing Stop Payment Orders. Placing an electronic stop payment order acts as your signature authorizing the stop payment to be put in place and for the necessary charges to be placed against my account. A stop payment order is effective for 6 months and will expire automatically unless renewed in writing. Sufficient information (check date, check number, whom the check is payable to, etc.) must be given for the stop payment to be put in place. If the stopped check has already cleared your account prior to the stop payment being placed, the stop payment cannot be placed.