



BUSINESS ONLINE BANKING ENROLLMENT FORM

To enroll for Vinings Bank online banking services, please print and complete this enrollment form. Then sign, date and return it to us via:

- Mail: Vinings Bank
Attn: Online Banking Department
P.O. Box 725189
Atlanta, GA 31139
- Fax: 770-951-1155
- In person at any of our locations

Customer/Account Owner Information:

***Business Name:** _____

***Company Tax ID Number:** _____

***Address:** _____

***City:** _____

***State:** _____ ***Zip:** _____

***Full Name of Authorized Signer:** _____

***Daytime phone:** _____ ***Evening Phone:** _____

Mobile phone: _____

***Email address:** _____

***Account Number:** _____

*indicates a required field

Requested Services

Online Banking – Free

Access account balances, transfer money,
and conduct common banking tasks online.

Signature: _____ **Date:** _____

By signing or submitting this form, I acknowledge that I have read and agree to the terms and conditions and I authorize Vinings Bank to issue a temporary password on my behalf, which I must change to a private password of my choosing the first time I log into Vinings Bank Online Banking. I consent to receiving my temporary access ID and password by encrypted e-mail at the e-mail address which I have provided on this form.

Member FDIC