# CITYWIDE BANKS

**Online*Option*™, *Online Bill Pay*, and Voice*Choice*™ 24 HOUR BANKING**
**COMMERCIAL INQUIRY AND FUNDS TRANSFER and ONLINE BILL PAY AUTHORIZATION**
www.citywidebanks.com
**Voice*Choice* (303) 364-6000**

**Please TYPE or PRINT neatly.**

Account Title: _____

Affiliated Companies: _____

Address: _____ Email Address: _____

City / State & Zip _____ SSN or TIN: _____

Home Phone: _____ Business Phone: _____

Primary Account Number: _____ **If applicable, your Bill Pay Service fee will be charged to this account.**

## Online*Option*™ REFERENCE NAMES

All accounts you maintain with Citywide Banks, unless designated otherwise, will be displayed through **Online*Option*™** using a sequence number (pseudo account name). This provides an additional level of security by ensuring that your actual account numbers will never be displayed. **Online*Option*™** provides you with the ability to change the sequence number (pseudo account name) to a 20-digit alpha/numeric "Reference Name" of your choice to assist you in the identification of each account (e.g. Household Account, Tax Account, Vacation Account, etc.).

## Online*Option*™ and Voice*Choice*™ TRANSFER OPTIONS The following transfer options are available:

Checking to checking, savings, money market, or loan (loan includes Ready Resource for **Online*Option*™** ONLY – Not accessible through **Voice*Choice*™**);
Savings to checking, savings, money market, or loan (loan includes Ready Resource);
Money market to checking, savings, money market, or loan (loan includes Ready Resource);
Ready Resource to a checking, savings, or money market (**Online*Option*™** ONLY – Not accessible through **Voice*Choice*™**)

## Online*Option*™, *Online Bill Pay* and Voice*Choice*™ TRANSACTIONS

**We CANNOT monitor any signature restrictions on your accounts via** OnlineOption™**,** Online Bill Pay **or** VoiceChoice™ **(e.g. two signatures required, etc.), and you hereby waive any such restrictions with respect to use of these services**. Savings and Money Market accounts are limited to six transfers and withdrawals, or a combination of such, per monthly cycle to another account of the depositor at the same institution or to a third party by means of a preauthorized or automatic transfer, or telephonic agreement, order or instruction or by check, draft, debit card, or similar order.

I/we authorize Citywide Banks to post payment transactions generated by the ***Online Bill Pay*** service to designated accounts and the monthly charge associated with this service to my Primary Account. I/we understand that **PAYMENTS MUST BE INITIATED FIVE (5) DAYS PRIOR TO THEIR DUE DATE IF MADE ELECTRONICALLY, AND TEN (10) DAYS PRIOR IF MADE BY CHECK.**

I/we understand that it may take 3 to 5 business days after this application is received by the Bank before I/we receive an "**Online*Option*™**" ID in the mail. The first time you access **Online*Option*™** and **Voice*Choice*™**, your PIN/Password will be the last 4 digits of your Social Security Number/Taxpayer Identification Number. At that time, you will be required to change the PIN/Password to one of your choice on each system. You can change the initial **Online*Option*™** Access ID through **Online*Option*™** to an Access ID of your choice.

**I understand it is my responsibility to safeguard and manage any and all PINs/Passwords associated with these services and I will change/update the PINs/Passwords should circumstances regarding authorized access to these accounts and/or funds transfers authority on my account(s) change, to include ACH, Bill Payment, Funds Transfer, Wire Transfer or any other movement of funds. I acknowledge that the bank has advised me to change my PINs/Passwords on a routine basis. I also understand the bank reserves the right to require me to change my passwords and I could be prompted to do so at any time.**

Signing this authorization allows the Bank to establish all accounts you maintain, unless you designate otherwise, for INQUIRY and/or FUNDS TRANSFER through **Online*Option*™**, ***Online Bill Pay*** (primary account only, unless designated otherwise), and **Voice*Choice*™**. In consideration of the Bank's making **Online*Option*™**, ***Online Bill Pay***, and **Voice*Choice*™** banking services available to applicant(s) whose signature(s) appear(s) on this application, each applicant agrees to indemnify and hold harmless the Bank from any and all claims, actions, causes of action, damages, loss, and expense now existing or after arising, direct or indirect, contingent or not, resulting from someone other than applicant(s) furnishing the account number, social security number, tax identification number, Access ID, PIN/Password and/or security code of applicant(s) to the Bank and thereby receiving a status report or other account information on applicant(s), or accessing and/or initiating Bill Payment transactions. In addition, we desire to participate in the account transfer service offered through **Online*Option*™** and **Voice*Choice*™** 24-Hour Banking Services and agree to indemnify and hold the Bank harmless from any and all claims, actions, causes or action, damages, loss, and expense now existing or after arising, direct or indirect, contingent or not, resulting from use of those services. By acceptance and use of the **Online*Option*™** and/or **Voice*Choice*™** system(s), I/we acknowledge that I/we have read, understand, and accept all of the terms, agreements, liabilities, and regulations set forth in the **Online*Option*™**, ***Online Bill Pay***, and **Voice*Choice*™** Agreement provided to me/us prior to accessing **Online*Option*™**, ***Online Bill Pay***, and/or **Voice*Choice*™** and incorporated herein by reference.

**YES! Sign me up for:** ☐ **Online*Option*™** ☐ ***Online Bill Pay*** ☐ **Voice*Choice*™**

_____ _____

**Signature of Authorized Party** **Date** **Signature of Authorized Party** **Date**

_____ _____

**Printed Name** **Printed Name**

☐ **I acknowledge receipt of my Online Option Banking ID and PIN number and disclosures.**

**FOR BANK USE ONLY:**
Online*Option* ID # 7111 __ __ __ __ __ __ __ __
☐ Signature(s) Verified By_____ Date _____ ☐ Imaged By_____ Date _____
☐ Voice*Choice* Set-up ☐ Online*Option* Set-up ☐ Bill Pay = Y ☐ Misc Account P Input by_____ Date _____