CENTRAL BANK OF KANSAS CITY
CASH MANAGEMENT ENROLLMENT FORM

COMPANY INFORMATION

COMPANY					
ADDRESS				**TIN/SSN**	
CITY		**STATE**		**ZIP**	
PHONE		**ADMINISTRATOR FOR ACCOUNT(S)**			
ADMINISTRATOR'S EMAIL					

ACCOUNT INFORMATION

Account #	Name on the Account	Type of Account
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

Account Types: **Checking, Savings, Money Market, Loans, Certificates of Deposit, IRA'S**

USER INFORMATION

Name of User	Access		
1.	**Inquiry**	**Transfers**	**Stop Pays**
2.	**Inquiry**	**Transfers**	**Stop Pays**
3.	**Inquiry**	**Transfers**	**Stop Pays**
4.	**Inquiry**	**Transfers**	**Stop Pays**
5.	**Inquiry**	**Transfers**	**Stop Pays**

Th Administrator has full rights on all functions. Also, the administrator is responsible for entering all levels of authority for each employee who is granted access.

Wire Transfer and ACH Origination are available at THE BANK'S discretion. For more information contact an online banking representative.

Cash Management Fees:	**Monthly Access Fee-Basic Services**	FREE
	Transfer Fee	FREE
	Stop Payment Fee	$5.00

Signatures: By signing below, I hereby authorize THE BANK to issue temporary passwords for my account(s) and users which must be changed upon first entry into the system. Any changes to users and/or access must be in writing to THE BANK. Changing signatures cards and resolutions does not change your internet banking agreement. An authorized signer on the account must sign this enrollment form and any subsequent changes to this form.

Signature _____ Date _____

Signature _____ Date _____

After completion fax this form to 816-483-1210.