



Business Online Banking Enrollment

Company Name: _____

Address: _____

City, State, Zip: _____

Contact Name: _____

Contact Telephone Number: _____

Account Numbers:
(List all accts, deposits and/or loans, to display)

Nicknames:

Users to be provided access

Full Name/Title	Email	Access(Full/Limited)

P.O. Box 929 Petersburg, WV 26847 - (304) 257-4111 – Fax (304) 257-4386
 P.O. Box 16 Riverton, WV 26814 - (304) 567-2224 - Fax (304) 567-3020
 1336 New Creek Highway Keyser, WV 26726 - (304) 788-8040 - Fax (304) 788-8042
 500 S. Main Street Moorefield, WV 26836 – (304) 538-6566 – Fax (304) 538-6569
 P.O. Box 129 Harman, WV 26270 – (304) 227-4104 – Fax (304) 227-3642
 P.O. Box 517 Davis, WV 26260 – (304) 259-5201 – Fax (304) 259-5649
 5502 Appalachian Highway, Davis, WV 26260 – (304) 866-4848 – Fax (304) 866-4180

“Limited” access

Full Name	To Account	From Account	Frequency	Limit Amounts

Users with Limited access “Inquiry Only”:

Full Name	Accounts	Accounts	Accounts

Each user will be emailed an Access ID and Password.

By signing below, I certify that I am the business owner or the general manager with authorization to grant the above defined access using GrantNet Business Online Banking. All other approval will require an executed corporate resolution by the Company (attached).

Signature _____

Signature _____

Signature _____