



**EAGLE BANK BUSINESS ELECTRONIC BANKING AUTHORIZATION FORM**

Electronic Banking Service Level:  ACH       ACH & Wire       View & Transfer       eDeposit

**Company**

Name: \_\_\_\_\_

ID#: \_\_\_\_\_

*(Between 6 and 26 characters)*

Tax ID: \_\_\_\_\_

**Account Number(s)**

\_\_\_\_\_  
\_\_\_\_\_

Fee Account: \_\_\_\_\_

**Internet Administrator**

Name: \_\_\_\_\_

Tel #: \_\_\_\_\_ Ext: \_\_\_\_\_

Email: \_\_\_\_\_

**eDeposit Administrator**

Name: \_\_\_\_\_

Tel #: \_\_\_\_\_ Ext: \_\_\_\_\_

Email: \_\_\_\_\_

- ACH**      Requires approval by other user.      Daily Limit: \$ \_\_\_\_\_
- Tax Payment**      Requires approval by other user daily.      Daily Limit: \$ \_\_\_\_\_
- Wire Transfer**      Requires approval by other user daily.      Daily Limit: \$ \_\_\_\_\_
- eDeposit Daily File Limit**      \$ \_\_\_\_\_

**Online Services Agreement**

- Online Banking     ACH     EFT     Wires     Sweep     Bill Payment     Positive Pay/  
Reconciliation

Approving Officer: \_\_\_\_\_ Date: \_\_\_\_\_

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*Electronic Banking Use Only*

Processed by: \_\_\_\_\_

Date: \_\_\_\_\_

Rev: Jan 2026