

FSB Business Connection

NEW USER
 MODIFY USER
 DELETE USER

Check one of the above options

Employee Name: _____

Mothers Maiden Name: _____ *(for security purpose)*

Business Telephone Number: (____) _____ - _____ Ext. _____

Fax Number: (____) _____ - _____

Email Address: _____

Access Level

- Employee
- Administrator

Access Times

	Begin Time	End Time
Monday	____:____	____:____
Tuesday	____:____	____:____
Wednesday	____:____	____:____
Thursday	____:____	____:____
Friday	____:____	____:____
Saturday	____:____	____:____
Sunday	____:____	____:____

Employee Authorizations

- | | | |
|--|--|--|
| <input type="checkbox"/> Issue Stop Payment Orders | <input type="checkbox"/> Perform Internal Transfer | <input type="checkbox"/> ACH Transfer In (collections) |
| <input type="checkbox"/> Automatically Approve | <input type="checkbox"/> Automatically Approve | <input type="checkbox"/> Automatically Approve |
| <input type="checkbox"/> Requires Approval | <input type="checkbox"/> Requires Approval | <input type="checkbox"/> Requires Approval |
| <input type="checkbox"/> ACH Transfer Out (payments) | <input type="checkbox"/> Wire Transfer Out | |
| <input type="checkbox"/> Automatically Approve | <input type="checkbox"/> Automatically Approve | |
| <input type="checkbox"/> Requires Approval | <input type="checkbox"/> Requires Approval | |

Employee Fund Transfer Restrictions

Transfer Review Threshold: _____	Daily Transfer Limit: _____
ACH Review Threshold: _____	Daily Transfer Limit: _____
Wire Review Threshold: _____	Daily Wire Limit: _____

The threshold is the maximum dollar amount per transfer

Employee Account Authorization

Account #	Nickname	View Only	View Funds Transfer	View Funds Transfer Stop Payment
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Approved by: _____

Date: _____