

Business Edge Online Application

Company Name _____

Address _____ Room/FI _____

City/State/Zip _____

Phone/Ext. _____ Company Tax ID: _____

Primary Contact _____

E-mail Address _____

Account No _____ (18 char. max)

Account Title _____ (20 char. max)

Type of Account: Checking Savings Bill Pay*

Account No _____ (18 char. max)

Account Title _____ (20 char. max)

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Type of Account: Checking Savings Bill Pay*

Account No _____ (18 char. max)

Account Title _____ (20 char. max)

Type of Account: Checking Savings Bill Pay*
 Loan Line of Credit

Account No _____ (18 char. max)

Account Title _____ (20 char. max)

Type of Account: Checking Savings Bill Pay*
 Loan Line of Credit

*Bill Pay—Customers interested in the bill pay feature must sign the Business Bill Pay disclosure. A copy of the Business Bill Pay disclosure can be found by [clicking here](#). (Additional charges may apply).

Company acknowledges receipt and agrees to terms of the Business Online Banking Agreement as the same may, from time to time, be amended or supplemented. [Click here](#) to view the Business Online Banking Agreement.

Company Authorization Signature (Authorized Signer Required)

Print name: _____ Title: _____

Signature: _____ Date: _____

Once completed, please print this form and:

- Fax it to (414) 362-6182
- Mail it to 4949 W. Brown Deer Rd., Milwaukee, WI 53224; Attention: Treasury Management Support
- Take it to your nearest Bank Mutual bank office

Questions? Call Treasury Management Support:

(414) 354-6886 (Milwaukee area); (800)-261-6888, Option 3 (Outside Milwaukee).