

**CARIBBEAN COMMERCIAL INVESTMENT BANK LTD.
INTERNET BANKING ENROLLMENT FORM ~ PERSONAL**

PERSONAL INFORMATION			
Customer Name:		Phone:	
Address:		E-Mail Address:	
Country:		SSN #:	
ACCOUNT INFORMATION			
Account Number	Account Type: DDA/SAV/LOAN/CD	Account Number	Account Type: DDA/SAV/LOAN/CD

Billing Method (User Fees): Charged Waived

Billing Account Number: _____

Service Option Packages - Choose **one** Service Option Package and the *optional* service(s) under each.

<input type="checkbox"/> Option A – Internet Banking
Standard Features: Bill Payments, Transfer of Funds, Check Account Balances, View Transaction History.
Optional Features:
<input type="checkbox"/> Request Services: Stop Payments, Bank Drafts, Personalized Cheques, Accounts Statements, Address Changes
<input type="checkbox"/> Loan Payments (CURRENTLY UNAVAILABLE)
<input type="checkbox"/> Option B – Internet Banking with Positive Pay (CURRENTLY UNAVAILABLE)
Standard Features: Bill Payments, Transfer of Funds, Check Account Balances, View Transaction History.
Optional Features:
<input type="checkbox"/> Stop Payments
<input type="checkbox"/> Loan Payments
<input type="checkbox"/> Special Reports
<input type="checkbox"/> Option C – Full Service Internet Banking (CURRENTLY UNAVAILABLE)
Standard Features: Balance Reporting, Check Images, Secure E-mail, Statements and Wire Transfer.
Optional Features:
<input type="checkbox"/> Bill Payment
<input type="checkbox"/> Internal Transfers
<input type="checkbox"/> Loan Payments
<input type="checkbox"/> Positive Pay
<input type="checkbox"/> Special Reports
<input type="checkbox"/> Stop Payments

ONLINE ACCESS: Only customers having individual signing authority on an account can be granted full access to CCIB E-Access. Customers whose mandate stipulates that more than one person must authorize transactions **must** contact one of our customer service managers to discuss their options.

GENERAL ACCOUNT ACCESS RIGHTS FOR USER (Login ID is Assigned by Bank)

USER NAME:		E-MAIL ADDRESS:				
SECRET PASSWORD OR PHRASE (Used to identify the user over the telephone):						
TELEPHONE NUMBER:			FAX NUMBER:			
SAV/DDA ACCOUNT NUMBER(S) FOR AUTHORITIES	VIEW ONLY View balances and statements/cannot perform any transactions.	CREDIT ONLY Cannot access any account information/ deposit funds only.	VIEW/CREDIT View balances and statements/ability to deposit funds only.	VIEW/DEBIT View balances and statements/ability to withdraw funds only.	FULL Internal transfer access/ perform granted Cash Management functions.	ADMINISTRATOR Full account, Cash Management access/ change user access.
	<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"/>	<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"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SPECIAL INSTRUCTIONS

CUSTOMER'S AUTHORIZED SIGNATURE:	DATE:	APPROVING BANK OFFICER'S SIGNATURE:	DATE:

FOR BANK USE ONLY

BRANCH RESPONSIBILITY CODE:	CREDIT REVIEW (IF APPLICABLE) PERFORMED BY:	DATE:
E-BANKING SETUP COMPLETED BY:	DATE:	E-BANKING SETUP REVIEWED BY: