www.bankofoceancity.com

ONLINE ADVANTAGE
BUSINESS ACCOUNT APPLICATION

Please complete all fields:

BUSINESS INFORMATION

Business Name:
Business Tax ID Number:
Email Address:
Business Phone:
Applicant Name:

PRIMARY CHECKING ACCOUNT INFORMATION

Primary Checking Account Number:

SECURITY QUESTION

Security question and answer will be used for identification purposes.

Year in Which Business Was Established:

APPLICANT SIGNATURE

I am authorized by appropriate business resolution to apply for Online Advantage. I authorize Bank of Ocean City to charge the primary checking account for any monthly/transaction fee initiated through the use of Online Advantage. I agree to comply with all of the disclosures as they relate to each account. I agree that sufficient funds must be available in the account(s) on the date of scheduled Online Advantage payments or transfers. This authorization will remain in force until revoked by an authorized signer or Bank of Ocean City. I further consent and agree that Bank of Ocean City may provide certain disclosures and notices to me in electronic form, in lieu of paper form, including electronic delivery of statements (e-Statements) for my Bank of Ocean City account(s).

_____ _____
Applicant Signature Date

_____ _____
Accepted By Date

Completed applications can be delivered or mailed to any of our locations or faxed to: 410-723-4946.

Bank of Ocean City Use Only

Transfer online status from old acct # _____ to new acct # _____	☐
Transfer e-Pay status from old acct # _____ to new acct # _____	☐
Account Maintenance Completed By:	Date Completed:
Caller Maintenance Completed By:	Date Completed: