



410 14th Street
Burlington, CO 80807
(719) 346-5376

Organization Online Banking Enrollment Form

Upon first login you will be provided with the Online Banking disclosure that you will need to accept and can be printed from our website.

Enroll in The Bank of Burlington's Commercial Online Banking by completing this form. Upon submission of this form, you will receive a call to let you know that your Online Banking Service is ready for your use.

Business Name: _____

Business Address: _____

Business Tax Identification Number (TIN): _____

Login Information

Please enter your desired User Name. Each User Name must be unique. Your User Name must be at least 5 characters, cannot be more than 15 characters, must contain at least one number and at least one lowercase character.

Access Code

Please provide at least one email address and one phone number to receive your secure access code for your Online Banking login. You will be required to set your password after entering your secure access code.

Authorized Signer: _____

Title: _____

Desired Login Name: _____

Social Security: _____

Date of Birth: _____

Address: _____

City: _____

State: _____

Zip: _____

Primary Phone: _____

Cell Phone: _____

Work Phone: _____

Email Address: _____

Account: _____
Account: _____
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Account: _____
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Account: _____
Account: _____
Account: _____

Authorized Signer: _____
Title: _____
Desired Login Name: _____
Social Security: _____
Date of Birth: _____
Address: _____
City: _____
State: _____
Zip: _____
Primary Phone: _____
Cell Phone: _____
Work Phone: _____
Email Address: _____

Account: _____
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Account: _____

Authorized Signer: _____
Title: _____
Desired Login Name: _____
Social Security: _____
Date of Birth: _____
Address: _____
City: _____
State: _____
Zip: _____
Primary Phone: _____

Cell Phone: _____
Work Phone: _____
Email Address: _____

Account: _____
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Authorized Signer: _____
Title: _____
Desired Login Name: _____
Social Security: _____
Date of Birth: _____
Address: _____
City: _____
State: _____
Zip: _____
Primary Phone: _____
Cell Phone: _____
Work Phone: _____
Email Address: _____

Account: _____
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Authorized Signatures

Date

Authorized by:

Board Member of Account

Board Member of Account

Board Member of Account