## **Online Enrollment**

## **Business Enrollment**

- 1. Go to https://www.RocklandTrust.com
- 2. Click the 'Account Logins' button.



3. Click on the 'Business Banking' tab. Click Enroll.



- 4. Enter the required fields.
- 5. Click the 'Submit Enrollment' button.

Roc	KLAND	TRUST	Business Onlin	e Banking Enrollment Form
Please complete the for team for review and pri contact us at 888.878.7	m below to request en cessing. We will contact 124 for assistance.	ollment into online banking t you with your login crede	. When completed, click on the submi ntials via email once the application is	t button to securely forward the request to our E-Ba processed. Should you have any questions, please
Company Name				TIN
Street				City
State	Massachusetts •			Zip
Business Phone				Cell
Email Address:				
ACCOUNT NUMBERS				
1				2
4				5
7.		8		0
ADMINISTRATOR INF	DRMATION "MUST BE	A SIGNER.		
Administrator 1:				
First Name			Last Name	
Social Security Numbe			Daytime Phone Number	
Mother's Maiden Nam			Business E-Mail Address	
Date of Birth			Requested Login ID	
Administrator 2:				
First Name			Last Name	
Social Security Numbe	r		Daytime Phone Number	
Mother's Maiden Nam	•		Business E-Mail Address	
Date of Birth			Requested Login ID	
	L			L
ADDITIONAL SERVICE	5			
you are interested in o	iginating ACH capabilitie	s from your business account	nt, please email our Cash Management	Officers at RTCCashManagement@RocklandTrust.com
ou are interested in Wir	Transfer capabilities fr	om your business account, p	lease email our Wire Transfer Departm	ent at <u>RTCWireTransfer@RocklandTrust.com</u> .