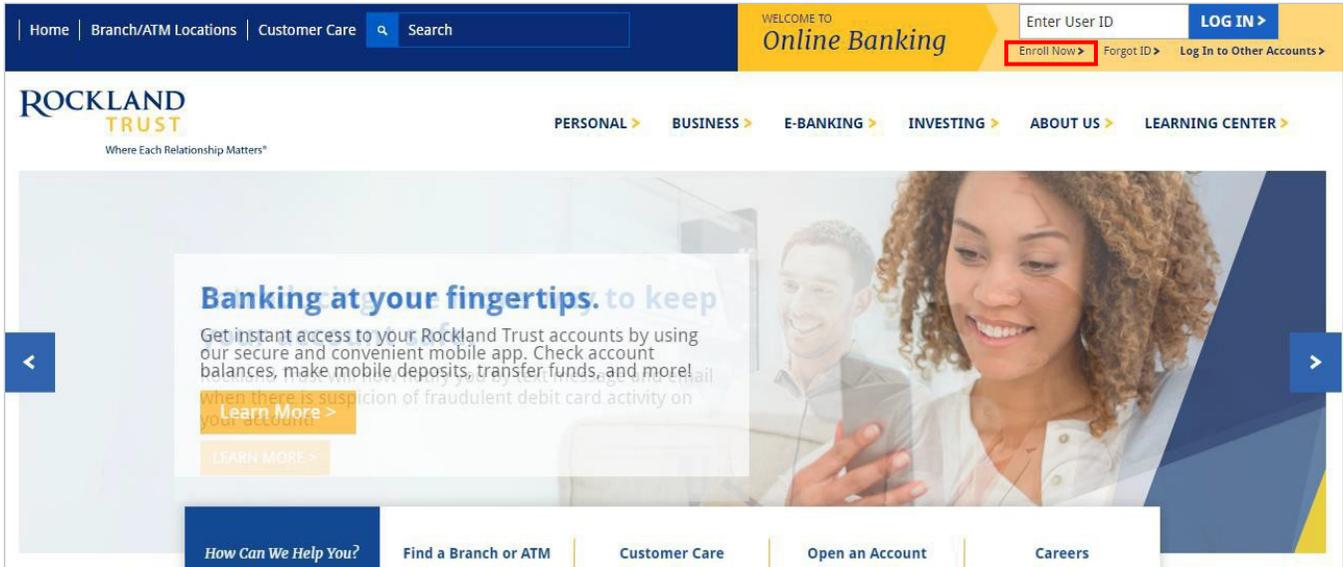


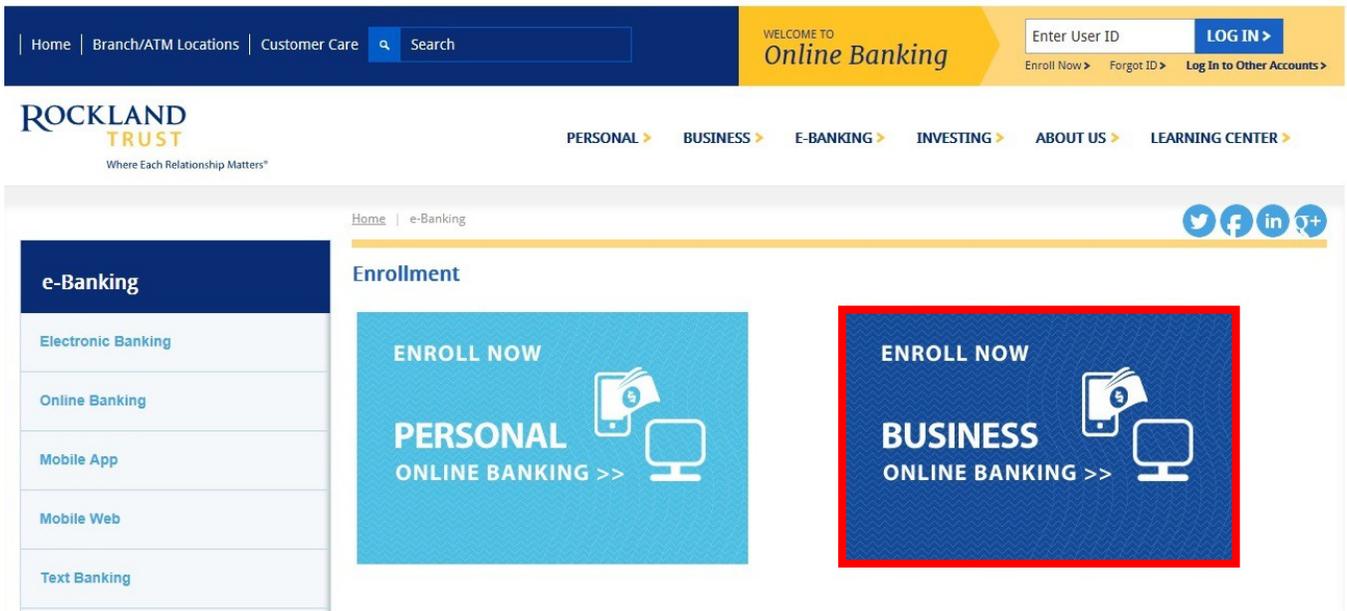
Online Enrollment

Business Enrollment

1. Go to <https://www.RocklandTrust.com>
2. Click the 'Enroll Now' button in the top right hand corner of the screen.



3. Click on the 'Enroll Now' Business Online Banking box.



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



Business Online Banking Enrollment Form

Please complete the form below to request enrollment into online banking. When completed, click on the submit button to securely forward the request to our E-Banking team for review and processing. We will contact you with your login credentials via email once the application is processed. Should you have any questions, please contact us at 888.878.7824 for assistance.

CUSTOMER INFORMATION

Company Name <input style="width: 95%;" type="text"/>	TIN <input style="width: 95%;" type="text"/>
Street <input style="width: 95%;" type="text"/>	City <input style="width: 95%;" type="text"/>
State <input style="width: 95%;" type="text" value="Massachusetts"/>	Zip <input style="width: 95%;" type="text"/>
Business Phone <input style="width: 95%;" type="text"/>	Cell <input style="width: 95%;" type="text"/>
Email Address: <input style="width: 95%;" type="text"/>	

ACCOUNT NUMBERS

1. <input style="width: 95%;" type="text"/>	2. <input style="width: 95%;" type="text"/>	3. <input style="width: 95%;" type="text"/>
4. <input style="width: 95%;" type="text"/>	5. <input style="width: 95%;" type="text"/>	6. <input style="width: 95%;" type="text"/>
7. <input style="width: 95%;" type="text"/>	8. <input style="width: 95%;" type="text"/>	9. <input style="width: 95%;" type="text"/>

ADMINISTRATOR INFORMATION *MUST BE A SIGNER.

Administrator 1:

First Name <input style="width: 95%;" type="text"/>	Last Name <input style="width: 95%;" type="text"/>	
Social Security Number <input style="width: 95%;" type="text"/>	Daytime Phone Number <input style="width: 95%;" type="text"/>	
Mother's Maiden Name <input style="width: 95%;" type="text"/>	Business E-Mail Address <input style="width: 95%;" type="text"/>	
Date of Birth <input style="width: 95%;" type="text"/>	Requested Login ID <input style="width: 95%;" type="text"/>	

Administrator 2:

First Name <input style="width: 95%;" type="text"/>	Last Name <input style="width: 95%;" type="text"/>	
Social Security Number <input style="width: 95%;" type="text"/>	Daytime Phone Number <input style="width: 95%;" type="text"/>	
Mother's Maiden Name <input style="width: 95%;" type="text"/>	Business E-Mail Address <input style="width: 95%;" type="text"/>	
Date of Birth <input style="width: 95%;" type="text"/>	Requested Login ID <input style="width: 95%;" type="text"/>	

ADDITIONAL SERVICES

If you are interested in originating ACH capabilities from your business account, please email our Cash Management Officers at RTCCashManagement@RocklandTrust.com; if you are interested in Wire Transfer capabilities from your business account, please email our Wire Transfer Department at RTCWireTransfer@RocklandTrust.com.