

Business Accounts

ComputerLine Multi-User Access Authorization

Complete this form to designate multiple ComputerLine users and their access levels for your business account.



3777 West Road
East Lansing, MI 48823
www.msufcu.org

Questions?
Call 517-664-4848

Access Level Definitions
<ul style="list-style-type: none"> • Inquiries Only: The user will be able to view the account balances, transaction history, loan options, and year-to-date information and utilize the eMessage Board. • Inquiries, Withdrawals, and Transfers: The user will have full access to the account, including Bill Payment and transfers within the account.

Business Name	Business Account Number
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Authorized User #1			
Name (first and last) <i>(please print)</i>	Date of Birth <i>(mm/dd/yyyy)</i>	Association to Business <i>(please select one):</i> <input type="checkbox"/> Owner <input type="checkbox"/> Secretary <input type="checkbox"/> Partner <input type="checkbox"/> Employee <input type="checkbox"/> Manager <input type="checkbox"/> Other _____ <input type="checkbox"/> Accountant	
Address <input type="checkbox"/> Check if same as business			
City	State	ZIP	Access Level <i>(please select one):</i> <input type="checkbox"/> Inquiries Only <input type="checkbox"/> Inquiries, Withdrawals, and Transfers <input type="checkbox"/> Remove Access
Email Address	Phone Number <i>(Text capable? <input type="checkbox"/>Yes <input type="checkbox"/>No)</i>		

Authorized User #2			
Name (first and last) <i>(please print)</i>	Date of Birth <i>(mm/dd/yyyy)</i>	Association to Business <i>(please select one):</i> <input type="checkbox"/> Owner <input type="checkbox"/> Secretary <input type="checkbox"/> Partner <input type="checkbox"/> Employee <input type="checkbox"/> Manager <input type="checkbox"/> Other _____ <input type="checkbox"/> Accountant	
Address <input type="checkbox"/> Check if same as business			
City	State	ZIP	Access Level <i>(please select one):</i> <input type="checkbox"/> Inquiries Only <input type="checkbox"/> Inquiries, Withdrawals, and Transfers <input type="checkbox"/> Remove Access
Email Address	Phone Number <i>(Text capable? <input type="checkbox"/>Yes <input type="checkbox"/>No)</i>		

Authorized User #3			
Name (first and last) <i>(please print)</i>	Date of Birth <i>(mm/dd/yyyy)</i>	Association to Business <i>(please select one):</i> <input type="checkbox"/> Owner <input type="checkbox"/> Secretary <input type="checkbox"/> Partner <input type="checkbox"/> Employee <input type="checkbox"/> Manager <input type="checkbox"/> Other _____ <input type="checkbox"/> Accountant	
Address <input type="checkbox"/> Check if same as business			
City	State	ZIP	Access Level <i>(please select one):</i> <input type="checkbox"/> Inquiries Only <input type="checkbox"/> Inquiries, Withdrawals, and Transfers <input type="checkbox"/> Remove Access
Email Address	Phone Number <i>(Text capable? <input type="checkbox"/>Yes <input type="checkbox"/>No)</i>		

The Responsible Individual on the Business Account Application must sign this form. By signing this form, you agree to be held responsible for any ComputerLine transactions performed on your Business Account.

Responsible Individual's Signature	Title	Date
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To process this request:

- Fax to 866-374-2123
- Return to any branch location
- Online: Scan and upload form to eMessage Center at www.msufcu.org

• Mail to: Attention: Business Services
 MSU Federal Credit Union
 PO Box 1208
 East Lansing, MI 48826

