Reset Form Print Form

NFC eCorp Employee Add/change/Delete Form

Addendum D

Company Name _____ Port # _____

Employee

○ Add ○ Delete ○ Change Employee Name _____

Access ID _____ Access Times ☐ 24/7 ☐ M-F times: _____

Supervisor Level _____ Display Group _____

Direct Ph. # _____ Email Address _____

ACH File Review Threshold _____

☐ All Acct. Access ☐ Current Permissions Apply ☐ Limited Access ☐ No Acct. Access

Add Acct. # _____ Acct. Nickname _____ Acct. Type _____

Add Acct. # _____ Acct. Nickname _____ Acct. Type _____

Add Acct. # _____ Acct. Nickname _____ Acct. Type _____

☐ Account Inquiry ☐ Account Transactions ☐ Account Stmt. ☐ Stop Payments

☐ Stop Payment Inquiry ☐ Stop Payment Add ☐ Export ☐ Remote Deposit

☐ Funds Transfers

☐ All Acct. Access ☐ Limited Access ☐ No Acct. Access

Nickname _____ ☐ Add ☐ Delete

Nickname _____ ☐ Add ☐ Delete

Nickname _____ ☐ Add ☐ Delete

☐ Max $ Amount _____ ☐ Same as Client

☐ File Transfers

☐ All Acct. Access ☐ Limited Access ☐ No Acct. Access

File Name: _____ ☐ Add ☐ Delete

File Name: _____ ☐ Add ☐ Delete

File Name: _____ ☐ Add ☐ Delete

Notes:

Change Employee Name _____

Business or Bank Rep. Signature: _____ Date: _____

Changed By: _____ Date: _____