

Internet Access Agreement

Office of Superintendent of Insurance


Company Name: _____
 Address: _____
 City, State, Zip: _____
 Tax ID Number: _____

Authorization to enroll another person(s) to access the following account(s)

I, an Individual authorized by the Company Authorization Resolution, authorize Century Bank to setup and/or remove Internet Access for the following individual(s) stated below. I acknowledge that I have read the Terms and Conditions of Service that governs the use of this site. I further acknowledge that I will assume full responsibility for the individual(s) to maintain the confidentiality of the user ID(s), password(s) and account information as outlined in the Terms and Conditions of Service. If an individual's access should be removed, I will notify Century Bank at the address shown below.

Name of Authorized Signer: _____
(Must be an individual(s) authorized by the Company Authorization Resolution)
 Title: _____
 Telephone Number: _____
 E-mail Address: _____

X _____
 Signature (An Individual(s) authorized by the Company Authorization Resolution) Date

Add	Delete	User's Name	E-mail Address	Account Number(s)	 For E-stmts
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/>

Please mail forms to: Century Trust
 ATTN: Alan Snow
 PO Box 1507
 Santa Fe, NM 87504-1507

Overnight Address: Century Trust
 ATTN: Alan Snow
 100 S Federal Place
 Santa Fe, NM 87501

Should you have any questions, please contact: Alan Snow (505) 995-1210 or by e-mail alan.snow@centurybnk.com or Bernadette Rodriguez (505) 995-1229 or by e-mail bernadette.rodriguez@centurybnk.com