

CUSTOMER REGISTRATION FORM

Customer Name: _____

Customer Account Number: _____

Customer Bank Account Information

Routing Number: _____

Account Number: _____

Name of Bank: _____

User #1 Information

Employee Name: _____

Employee Email Address: _____

Employee can (pick one) Pay Bills Only View Bills

User #2 Information

Employee Name: _____

Employee Email Address: _____

Employee can (pick one) Pay Bills Only View Bills

Enrollment in and use of AccountManager are subject to WOLF AccountManager Terms and Conditions, which are incorporated herein by reference, and may be modified by Wolf at anytime. ***Customers who enroll in AccountManager will no longer receive printed invoices, but will continue to receive printed statements unless indicated otherwise below.***

Please send my statement by: Email Fax Mail

I hereby agree to Wolf's AccountManager Terms and Conditions.

Signature: _____ Date: _____

Print Name: _____

Title: _____

Return original copy to:

Wolf, Credit Department / P.O. Box 2205 / York, PA 17405



