



Small Business / Commercial

WOODHAVEN NATIONAL BANK

Mansfield Community Bank

Woodhaven National Bank, Rhome Branch

Ridglea Bank

Woodhaven Bank Northeast

Woodhaven Bank Fossil Creek

Mercantile Bank



BizNet24 Internet Banking Application

COMPANY:

Company Name

DATE:

Woodhaven National Bank BizNet24 Commercial/Small Business Internet Banking Application

To apply for BIZNET24 Commercial Internet Banking, please fill out the following form, print and sign it and either bring it into one of our Bank locations or mail it to Woodhaven National Bank, PO Box 24248, Fort Worth, Texas 76112. Attn: Internet Banking

Your request will be processed; and within a few days, we will contact you to finalize the enrollment.

Customer Information

Company Name: _____

Company Contact: _____

TIN/SSN #: _____

Type of Tax ID #: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

Email: _____

Primary Account: _____

SERVICES REQUESTED:

- Account Inquiry & History
- Internal Funds Transfer
- Bill Payment
- ACH Origination **(Requires Bank Approval)**
Send copy of application to Treasury Management
- BizNet 24 Deposit - Merchant Capture **(Requires Bank Approval)**
Send copy of application to Treasury Management
- Domestic Wire Transfer **(Requires Bank Approval)**
Send copy of application to Treasury Management
- International Wire Transfer **(Requires Bank Approval)**
Send copy of application to Treasury Management
- Positive Pay
Send copy of application to Treasury Management

Senior Administrator Authorization for BizNet24 Commercial Accounts & Services

(Each Supervisor will require a separate authorization)

This schedule will define the *Company's Senior Administrator* using the Bank's Internet Banking system to originate, create and/or deliver Internet Banking generated transactions. All entries shall be conducted via the Woodhaven National Bank's Internet Banking system in accordance with the instructions provided either by the system or institution representatives. The allowed services granted to the company may consist of multiple features such as web-enabled data entry screens, file transfers and uploads.

Company Name: _____

Supervisor Name: _____

Sr. Administrator Title: _____

Supervisor Access ID: _____

(Access ID must be 8-15 characters) **You will be given a generic password to use for first login. You will be required to change the generic password at first login to a unique password that you prefer. The password must be 8-15 characters and contain both alpha & numeric characters.**

Email Address: _____

Will Supervisor have authorization to access the system 24 hours a day? Yes No If No, please indicate access times below:

Authorized Access Times: Indicate the access days and times allowed for Internet access. For 24 hour access the begin time is 12:00 a.m. and the end time is 11:59 p.m.

Days	Begin Time	End Time
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		

Authorized Service Access:

Account Number	Bill Payment
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No

Will this individual have authorization to provide secondary approval for transfers? Yes No

This individual will have authorization to request & cancel stop payments.

This individual will have authorization to make internal transfers.

By signing below, the Company instructs Woodhaven National Bank to create an Access ID and Password for the representative listed above with all the security levels and allowed transactions and account access shown on this form. The Company warrants and guarantees all transactions performed using the valid Access ID and Password are valid obligations of the Company.

Company Agent's Signature (Must be account owner)

Date:

Company Agent's Signature (Must be account owner)

Date:

Upon signing this form, we are bound to the terms of the BizNet 24 Internet Banking Agreement, I/we have been given a copy of, and have fully read the Application, Agreement and Disclosures and agree to comply with the terms and requirements as stated in these documents. This Agreement shall be construed in accordance with and governed by the laws of the State of Texas.

IN WITNESS WHEREOF the parties hereto have caused this Agreement to be executed by their duly authorized officers.

Company Name

Company Agent's Signature (Must be account owner)

Date

Company Agent's Signature (Must be account owner)

Date

WOODHAVEN NATIONAL BANK

Bank Agent's Signature and Title

Date