



Instructions

Complete all requested information and include all required signatures to apply and enroll for CNB Business Online Banking Services. Services are subject to approval by CNB. We may require additional documentation and financial information about the business and/or the principal owner(s) of the business. Upon receipt of this completed form, we will notify you of any additional financial statements, or other information required.

Business Information

Business Name:	Tax ID Number:
Business Address: Street, City, State, Zip:	

Senior Administrator Information

Must be a signer or owner

Senior Administrator will have the same rights that are given to the business.

*Note: If changing senior administrator, please list new administrator info below. List info for senior administrator to be deleted in **authorized user 1**, located below in the **user permissions** section. (Includes: name, email, and access id. Please check "delete user" box.)

Name:	Email :	Phone Number:	Access ID: <small>Bank will assign</small>
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Business Access

Select products, subject to bank approval.

Add	Delete	Add	Delete	Add	Delete
	Basic* Internal Transfers		Bill Pay Mobile Deposit		Wires** ACH*** Merchant Capture***

*Includes view accounts and statements, export transactions, and stop payments **must send 12 wires a year ***products requires a separate agreement

Business Account Information and Access

Account Number	Account Nickname	Basic	Internal Transfers	Bill Pay	Mobile Deposit	Wires	ACH	Merchant Capture	Delete
1.									
2.									
3.									
4.									

Users Information and Access

Senior administrator will have the ability to assign account permissions/rights to users.

User Permissions

Authorized User 1 Name	Email	Mobile Deposit	Bill Pay	Delete User	Access ID <small>Bank will assign</small>

User Account Permission

Account Number	Basic	Internal Transfers	Draft Wires	Submit ACH	Merchant Capture	Delete
1.						
2.						
3.						
4.						

User Permissions

Authorized User 2 Name	Email	Mobile Deposit	Bill Pay	Delete User	Access ID <small>Bank will assign</small>

User Account Permission

Account Number	Basic	Internal Transfers	Draft Wires	Submit ACH	Merchant Capture	Delete
1.						
2.						
3.						
4.						

User Permissions					
Authorized User 3 Name	Email	Mobile Deposit	Bill Pay	Delete User	Access ID Bank will assign

User Account Permission						
Account Number	Basic	Internal Transfers	Draft Wires	Submit ACH	Merchant Capture	Delete
1.						
2.						
3.						
4.						

User Permissions					
Authorized User 4 Name	Email	Mobile Deposit	Bill Pay	Delete User	Access ID Bank will assign

User Account Permission						
Account Number	Basic	Internal Transfers	Draft Wires	Submit ACH	Merchant Capture	Delete
1.						
2.						
3.						
4.						

Wire and ACH Approval	
If Wires or ACH transfers need to be approved by a user at the business before submitting please indicate here. Wire ACH	
ACH Transfer Approval Threshold amount \$_____ Wire Transfer Approval Threshold amount \$_____	
State which user should have the right to approve Wire or ACH transfers _____	

Notes

Signature

By signing below, I hereby authorize Citizens National Bank to establish an Online Banking account for the Business and to issue a username and temporary password for the Authorized Users listed above, for the business accounts specified. I agree to instruct all Authorized Users to securely store their Username(s) and Password(s), to not share them with anyone, and to notify the Senior Administrator immediately if any security has been breached. I certify that the Senior Administrator is authorized to conduct all Online Banking functions for the company and to establish and maintain the access levels and functional authority of the Additional Users. I understand that the business assumes full and sole responsibility and shall not hold Citizens National Bank responsible for any actions of its authorized Senior Administrator or Authorized Users. This authorization shall remain in effect until the Bank receives a written modification or revocation of this authorization from the Business.

X _____ Date: _____

Print name: _____ Title: _____

Branch Fills out			eBanking Department		
Date Form Received	Form Reviewed & Approved by	Branch	Set up by	Date set up	Role Assigned

Email completed forms to eBanking@cnbanktexas.com