



Thank you for your interest in Madison National Bank's Business Online Banking service. To become a user of the service, please perform the following steps:

1. Print and complete the application.
2. Complete Page 4/5 of the application titled "Employee Authorization" for each of your company's employees that you wish to have access you accounts online.
3. Sign and date the application in the space provided.
4. Bring the completed application to one of our branch locations.

Once we have received your signed Business Online Banking Application, and verified your account information, we will notify you in a timely manner either by the United States postal service, telephone or other secured means of communication, confirming the acceptance of your Business's enrollment.

***** For assistance with completing the application, please contact your local branch*****



Company Information

Company Name: _____ Company Number: _____
(Tax-ID-Number)

_____ Tax ID Code: SSN or EIN

Address: _____

City, State, Zip: _____

Primary Contact Name: _____

Business Phone: _____ Cell Phone: _____

Business Fax: _____ Other: _____

E-Mail Address: _____ Other: _____

Authorized Access Times: Access time for Business Online Banking is 24 hours a day, seven days a week. If limited access is required at the COMPANY LEVEL, please enter the Begin and End times for each day of the week.

<u>Access Day</u>	<u>Begin Time</u>	<u>End Time</u>
Monday	_____	_____
Tuesday	_____	_____
Wednesday	_____	_____
Thursday	_____	_____
Friday	_____	_____
Saturday	_____	_____
Sunday	_____	_____

Service Charge Account Number & Type: _____ Checking or Savings

Fund Transfer (single transfer)

Yes or No

Merchant Capture

Yes or No

ACH

Yes or No

Positive Pay

Yes or No

Business Online Banking Application (Continued)

Please list all Accounts and their Types that will be accessed through the Business Online Banking service. Each account should be assigned a Category and given an Account Title/Nickname (e.g., Payroll, Operating, Checking1234, etc.)

<u>Account Number</u>	<u>Account Type</u>	<u>Category</u> (circle one for each acct.)	<u>Account Title/Nickname</u>
_____	_____	Assets / Liabilities / Miscellaneous	_____
_____	_____	Assets / Liabilities / Miscellaneous	_____
_____	_____	Assets / Liabilities / Miscellaneous	_____
_____	_____	Assets / Liabilities / Miscellaneous	_____
_____	_____	Assets / Liabilities / Miscellaneous	_____
_____	_____	Assets / Liabilities / Miscellaneous	_____
_____	_____	Assets / Liabilities / Miscellaneous	_____
_____	_____	Assets / Liabilities / Miscellaneous	_____

Internal Funds Transfer: Funds transfers to and from Madison National Bank accounts.

Transfer ID/Description: _____ Additional Approvals: <input type="checkbox"/> None <input type="checkbox"/> Sup <input type="checkbox"/> Admin From Account Number: _____ From Account Type: _____ To Account Number: _____ To Account Type: _____	Transfer ID/Description: _____ Additional Approvals: <input type="checkbox"/> None <input type="checkbox"/> Sup <input type="checkbox"/> Admin From Account Number: _____ From Account Type: _____ To Account Number: _____ To Account Type: _____
Transfer ID/Description: _____ Additional Approvals: <input type="checkbox"/> None <input type="checkbox"/> Sup <input type="checkbox"/> Admin From Account Number: _____ From Account Type: _____ To Account Number: _____ To Account Type: _____	Transfer ID/Description: _____ Additional Approvals: <input type="checkbox"/> None <input type="checkbox"/> Sup <input type="checkbox"/> Admin From Account Number: _____ From Account Type: _____ To Account Number: _____ To Account Type: _____
Transfer ID/Description: _____ Additional Approvals: <input type="checkbox"/> None <input type="checkbox"/> Sup <input type="checkbox"/> Admin From Account Number: _____ From Account Type: _____ To Account Number: _____ To Account Type: _____	Transfer ID/Description: _____ Additional Approvals: <input type="checkbox"/> None <input type="checkbox"/> Sup <input type="checkbox"/> Admin From Account Number: _____ From Account Type: _____ To Account Number: _____ To Account Type: _____

Business Online Banking Application (Continued)

External File Transfer In: Funds transfer to Madison National Bank accts. from accts. at other financial institutions.

Transfer ID/Description:	_____
Additional Approvals:	<input type="checkbox"/> None <input type="checkbox"/> Sup <input type="checkbox"/> Admin
From Account Number:	_____
From Account Type:	_____
From Account Name:	_____
From R & T Number	_____
To Account Number:	_____
To Account Type:	_____
Transfer ID/Description:	_____
Additional Approvals:	<input type="checkbox"/> None <input type="checkbox"/> Sup <input type="checkbox"/> Admin
From Account Number:	_____
From Account Type:	_____
From Account Name:	_____
From R & T Number:	_____
To Account Number:	_____
To Account Type:	_____

Transfer ID/Description:	_____
Additional Approvals:	<input type="checkbox"/> None <input type="checkbox"/> Sup <input type="checkbox"/> Admin
From Account Number:	_____
From Account Type:	_____
From Account Name:	_____
From R & T Number	_____
To Account Number:	_____
To Account Type:	_____
Transfer ID/Description:	_____
Additional Approvals:	<input type="checkbox"/> None <input type="checkbox"/> Sup <input type="checkbox"/> Admin
From Account Number:	_____
From Account Type:	_____
From Account Name:	_____
From R & T Number:	_____
To Account Number:	_____
To Account Type:	_____

External Funds Transfer Out: Funds transfer from Madison National Bank accts. to accts. at other financial institutions.

Transfer ID/Description:	_____
Additional Approvals:	<input type="checkbox"/> None <input type="checkbox"/> Sup <input type="checkbox"/> Admin
From Account Number:	_____
From Account Type:	_____
To Account Number:	_____
To Account Type:	_____
To Account Name:	_____
To R & T Number:	_____

Transfer ID/Description:	_____
Additional Approvals:	<input type="checkbox"/> None <input type="checkbox"/> Sup <input type="checkbox"/> Admin
From Account Number:	_____
From Account Type:	_____
To Account Number:	_____
To Account Type:	_____
To Account Name:	_____
To R & T Number:	_____

Business Online Banking Application (Continued)

Employee Authorization: This page must be completed for each employee that will be granted online banking access.

Employee Name: _____

Supervisor Level: Employee Supervisor Administrator Sr. Administrator

Security: Access ID: _____
(Maximum 19 characters)

Business Phone: _____ Cell Phone: _____

Business Fax: _____ Other: _____

E-Mail Address: _____ Other: _____

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Monday	_____	_____
Tuesday	_____	_____
Wednesday	_____	_____
Thursday	_____	_____
Friday	_____	_____
Saturday	_____	_____
Sunday	_____	_____

Stop Payment Access Information (for DDA account only): Inquiry Yes or No Add Yes or No

Authorized Accounts: Specify which accounts this individual is authorized to initiate.

_____	_____	_____
_____	_____	_____
_____	_____	_____

Authorized Fund Transfers

Specify which fund and file transfers this individual is authorized to initiate. Transfer IDs are unique identifiers established for each transfer (e.g. transfer from checking to savings could be identified as "Internal Transfer").

Fund Transfer IDs (from: Internal Funds Transfer, External Funds Transfer In & External Funds Transfer on sections): (e.g., General Transfer, Transfer In, Transfer Out, CHK1234 to SAV5678, Etc.)

_____	_____	_____
_____	_____	_____
_____	_____	_____

Business Online Banking Application (Continued)

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_____	_____	_____
_____	_____	_____
_____	_____	_____

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_____	_____	_____
_____	_____	_____
_____	_____	_____

Business Online Banking Application (Continued)

Company Authorization:

By signing below, I/We (the "Company") are submitting this application for use of Madison National Bank's Business Online Banking service and grant authorization to the Bank to obtain any and all credit information for the Company, its individuals and principals. Each of the individuals listed in this application is an authorized signer (owner, principal, officer, or other authorized individual for a business organization) on the account(s) for which the Online Banking services are being requested. I/We hereby authorize the Bank to issue an Access ID and initial password to the person(s) identified above, one of which must be designated as the Company's Administrator of the Online Banking service.

Where an individual listed in this application is not an authorized signer (owner, or principal, officer or other authorized individual if a business organization) on the account(s) for which the Online Banking services are being requested, by signing below, I/We hereby authorize the Bank to issue an Access ID and initial password to the person(s) identified above, however understand that that person cannot be the Company's Administrator.

The Administrator understands that he/she will be responsible for ensuring that all users (including him or herself) change their initial password upon their initial login. The Administrator also understands that he/she will have the authorization to add, change or delete users anytime thereafter his or her initial login. In addition, the Company agrees not to hold Madison National Bank liable for any losses or compromise of data that may occur as a result of unauthorized use of a user's Access ID and Password. The Company and its users are responsible for the safekeeping of their Access IDs and passwords.

Company Name: _____

By: _____

By: _____

Authorized Signor's Signature:

Authorized Signor's Signature:

Authorized Signor's Printed Name:

Authorized Signor's Printed Name:

Title:

Title:

Date:

Date:

For Bank Use Only:			
Received by (print name)	Signature	Branch	Date
File Maintained by (print name)	Signature	Responsibility Code	Date
Verified to Director Report by (print name)	Signature	Date	