

Positive Pay User Enrollment Form

Customer Information

Business Name: _____ TIN/SS#: _____

Contact Name: _____ Phone: _____ Email: _____

Mailing Address: _____ City _____ State _____ Zip _____

Physical Address: _____ City _____ State _____ Zip _____

*Authorized Account Signer: _____ Title: _____ Phone: _____
 (*must have the authority to authorize the below named individuals)

Account #	Account Title / Description	Add/Delete

Authorized Users

Users who will be allowed to use the Positive Pay Program.

Customer's Name (Indicate Add or Delete next to User Name)	Customer's User ID (User ID for logging onto Online Banking)	Email Address
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By signing below I authorize Citizens Bank to provide access to the users designated above to access the above accounts for Positive Pay.

Authorized Account Signer's Name	Authorized Account Signer's Signature	Date

FOR BANK USE ONLY

PRECISION UPDATED BY:	DATE:	VERIFIED BY:	DATE:
ACCESS MAGNAGER UPDATED BY:	DATE:	VERIFIED BY:	DATE:
ALKAMI UPDATED BY:	DATE	VERIFIED BY:	DATE

CHANGES /UPDATE (IF ANY):