



WOODFOREST APPLICATION COVER SHEET

Date: _____

Office # _____

SUBMIT TO	
To: Application Processing	Sales Partner Contact:
E-Mail: applications@merituspayment.com	Sales Partner E-Mail:
Fax Number: (949) 315-3216	Sales Partner Telephone:
MERCHANT INFORMATION	
DBA:	Terminal/Software:
Contact Person:	Contact E-Mail:
Contact Telephone:	Web Site/Descriptor Information:

☐ **RETAIL MERCHANT: Volume <\$500,000/month**

- ☐ Signed, completed merchant application and merchant agreement *(Must have PG signature)*
- ☐ Most recent month's processing statement *(if applicable)*
- ☐ Copy of a preprinted voided check or bank letter on bank letterhead *(no temporary checks)*

☐ **CARD NOT PRESENT MERCHANT: Volume <\$100,000/month**

- ☐ 3 months most recent processing statements *(if applicable)*
- ☐ 1 month recent bank statement *(personal if business is unavailable)*
- ☐ Copy of voided check (printed) or bank letter on bank letterhead *(no temporary checks)*
- ☐ Sample of marketing piece *(live URL for e-Commerce, login passwords if applicable)*

☐ **CARD NOT PRESENT MERCHANT: Volume \$100,000 – \$500,000/month**

- ☐ 1 month recent bank's statement *(personal if business is unavailable)*
- ☐ 3 months most recent processing statements
- ☐ Copy of voided check (printed) or bank letter on bank letterhead *(no temporary checks)*
- ☐ YTD Profit & Loss and Balance Sheet *(personal net worth statement if business is new)*
- ☐ 1 year of business tax returns *(personal tax returns if unavailable)*

☐ **CARD NOT PRESENT MERCHANT: Volume \$500,000+/month**

- ☐ 3 months recent bank statements *(personal if business is unavailable)*
- ☐ 3 months most recent processing statements
- ☐ Copy of voided check (printed) or bank letter on bank letterhead *(no temporary checks)*
- ☐ YTD Profit & Loss and Balance Sheet *(personal net worth statement if business is new)*
- ☐ 2 years of business tax returns *(most current personal tax returns if unavailable)*
- ☐ Sample of marketing piece *(live URL for e-Commerce, login passwords if applicable)*

Contact Relationship Management at **(888) 869-0469** or **RM@merituspayment.com**

Notes/Special Requests:



MERCHANT APPLICATION AND AGREEMENT



Sales Partner ID#:		Representative Name:		Representative ID#:	
<input type="checkbox"/> New Account		<input type="checkbox"/> Additional Location Main Location MID:			
1. BUSINESS INFORMATION					
<input type="checkbox"/> Sole Prop.		<input type="checkbox"/> Partnership	<input type="checkbox"/> Public Corp.	<input type="checkbox"/> Private Corp.	<input type="checkbox"/> LLC/LLP <input type="checkbox"/> Non-Profit
State Filed:					
Business Name (DBA – doing business as):			Legal Business Name		
Location/Shipping Address			Corporate/Billing Information		
Business Address (No P.O. Box)			Mailing Address:		
City	State	ZIP	City	State	ZIP
Telephone		Facsimile		Facsimile	
Business Start Date (MM/YY)		Number of Locations		Federal Tax ID	
Customer Service Telephone					
Contact Person		Contact E-Mail:		Web Site Address	
Description of Products/Service:		Card Holder Descriptor (21 Characters):		Do you currently accept Visa/MasterCard/Discover Network? <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes, attach 3 months recent statements)	
Has the business or any Associated Principal been terminated as a Visa/MasterCard/Discover Network Merchant? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, please provide date:		Has Merchant or any Associated Principal disclosed above filed for bankruptcy or been subject to an involuntary bankruptcy? <input type="checkbox"/> No <input type="checkbox"/> Yes			
Do you have a refund policy for Visa/MasterCard/Discover/American Express Network? <input type="checkbox"/> Yes <input type="checkbox"/> No Please describe refund policy.					
Is the refund policy in writing that is obvious to the cardholder/customer					
2. OWNERS/OFFICERS (Must reflect ownership of 50% or more)					
Name		Title		Equity / Ownership %	
Date of Birth		Driver's License Number / State		Social Security Number	
Home Address		City / State / ZIP		Home Telephone	
Name		Title		Equity / Ownership %	
Date of Birth		Driver's License Number / State		Social Security Number	
Home Address		City / State / ZIP		Home Telephone	
3. PROCESSING VOLUME (Visa®, MasterCard®, Discover® and American Express Network)					
Average Ticket		Highest Ticket Amount		Average Monthly Volume	
\$		\$		\$	
Percent of Business (MUST = 100%)		Sales Method (MUST = 100%)			
%	Card Swiped	%	Store Front	%	Internet Services
%	Keyed with Imprint	%	Trade Show	%	MOTO (Mail/Telephone order)
%	Keyed without Imprint	%	Off Premise	%	Other, specify:
List ALL third parties who have access to cardholder data:					
4. TRADE REFERENCES					
Trade Name		Company		Telephone	
Bank Name		Company		Telephone	
5. BANKING INFORMATION ***ATTACH A VOIDED CHECK FROM ACCOUNT***					
Banking Contact		Bank Telephone			
Routing Number		Account Number			
6. ASSOCIATION DISCLOSURE (Member Bank: Woodforest National Bank, P.O. Box 8339, The Woodlands, TX 77380 (800) 327-0093)					
Member Bank Responsibilities: (1) A VISA member is the only entity approved to extended acceptance of VISA products directly to a merchant. (2) A VISA member must be a principal (signer) to the Merchant Agreement. (3) Woodforest National Bank is responsible for and must provide settlement funds to the merchant. (4) Woodforest National Bank is responsible for all funds held in reserve that are derived from settlement. (5) Woodforest National Bank is responsible for educating merchants on pertinent VISA International Operating Regulations with which merchants must comply.					
Merchant Responsibilities: (1) Ensure compliance with cardholder data security and storage requirements. (2) Maintain fraud and chargebacks below thresholds. (3) Review and understand the terms of the Merchant Agreement. (4) Comply with VISA International Operating Regulations.					
The responsibilities listed above do not supersede the terms of the Merchant Agreement and are provided to ensure the merchant understands some of the important obligations of each party and that the VISA Member – Woodforest National Bank – is the ultimate authority should the Merchant have any problems.					
Merchant Signature		Merchant Name		Merchant Title	
Date					

7. EQUIPMENT DETAILS

Terminal Provided by: ☐ Meritus ☐ Merchant ☐ Sales Partner Ship to: ☐ Merchant ☐ Sales Partner
 Meritus to Build Terminal Download File: ☐ Yes ☐ No Build Stage Only File: ☐ Yes ☐ No Meritus to Conduct Training: ☐ Yes ☐ No

<input type="checkbox"/> Reprogram <input type="checkbox"/> New	Type	Quantity	Programming:
Terminal model			Existing manual imprinter? <input type="checkbox"/> Yes <input type="checkbox"/> No Number of imprinter plates _____ <input type="checkbox"/> Gift Cards <input type="checkbox"/> Purchase Cards <input type="checkbox"/> Retail <input type="checkbox"/> Retail with tips <input type="checkbox"/> Lodging MOTO (AVS Required) <input type="checkbox"/> Address Verification Service (AVS) <input type="checkbox"/> 4-Digit Verification <input type="checkbox"/> Invoice # <input type="checkbox"/> Server ID <input type="checkbox"/> Dial Out Code: _____ Auto Batch Closing Time: <input type="checkbox"/> Default 9:00PM Other: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM Platforms: <input type="checkbox"/> Omaha <input type="checkbox"/> Nashville <input type="checkbox"/> North <input type="checkbox"/> TSYS <input type="checkbox"/> Buypass Communication: <input type="checkbox"/> Dial <input type="checkbox"/> Wireless* <input type="checkbox"/> IP* *Serial #: _____ SIM #: _____
Internet Gateway			
Software / PC Model			
PIN Pad			
Check Reader			
Printer			
Other			

Special Requests:

☐ **Leasing:** First Data Global Leasing *(This is a non-cancelable lease for the full term indicated)*

Lease Term: _____ months Annual Tax Handling Fee: \$30.20
 Total Monthly Lease Payment: \$ _____ without taxes, fees or other charges that may apply. See Lease Agreement on Page 12 of the Terms and Conditions for details.

8. ACH PROCESSING

Methods used for ACH Authorization: (Total must be equal 100%)		Products are Sold To: (Total must be equal 100%)	
Written Contract _____% Attach a copy of the written contract	Internet Initiated _____% URL of payment Page: _____	Consumers _____%	Businesses _____%
Telephone Initiated _____% Inbound, Outbound, Attach a copy of call script		Total Consumer Base (Current):	
Current Monthly Sales	Average Transaction Amount	Estimated Transactions Per Month:	
Estimated Returns Per Month	Estimated Returns Per Month	Estimated Monthly Credits	

Transaction Fee..... \$ _____	Have you previously processed ACH transactions? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide the name of processor and reason for leaving: <table border="1"> <tr> <td>Gateway Setup Fee:</td> <td>\$ _____</td> </tr> <tr> <td>Monthly Gateway Fee:</td> <td>\$ _____</td> </tr> <tr> <td>Transaction Fee:</td> <td>\$ _____</td> </tr> </table>	Gateway Setup Fee:	\$ _____	Monthly Gateway Fee:	\$ _____	Transaction Fee:	\$ _____
Gateway Setup Fee:		\$ _____					
Monthly Gateway Fee:		\$ _____					
Transaction Fee:		\$ _____					
Returned Item Fee..... \$ _____							
Overdraft Fee..... \$ _____							
Discount Fee..... %							
Monthly Minimum Fee \$ _____							
Statement Fee \$ _____							

9. CHECK PROCESSING

<input type="checkbox"/> POS Guarantee	<input type="checkbox"/> Remote Guarantee Face-to-Face	<input type="checkbox"/> POS Non-Guarantee	<input type="checkbox"/> Remote Non-Guarantee
Consumer Present		Consumer Present	
Discount Rate _____%	Transaction Fee \$ _____	Discount Rate _____%	Transaction Fee \$ _____
Mon. Service \$ _____	Mon. Minimum \$ _____	Mon. Service \$ _____	Mon. Minimum \$ _____
Return Fee \$ _____	Mon. C21 Access \$ 5.00	Return Fee \$ _____	Mon. C21 Access \$ 5.00
Check 21+		Check 21+	
Virtual Terminal \$ _____ (if applicable)		Virtual Terminal \$ _____ (if applicable)	
Payroll Cashing Option		For all Check 21+ program types:	
Guarantee: Add 3% premium to discount rate		For Non-Guarantee Checks \$10,000 and greater: Additional premium of .10% (ten basis points) will be applied. Merchant must retain check	
Non-Guarantee: Add 1% premium to discount rate.			

Merchant hereby accepts all terms and conditions of this agreement for ACH Processing (Please refer to Page 10 of the Terms and Conditions). Initials: _____

10. VISA, MASTERCARD, DISCOVER AND AMERICAN EXPRESS NETWORK ACCEPTANCE

Accept all VISA, MasterCard and Discover Network Transactions (presumed, unless any section below are checked)

☐ Accept VISA Credit transactions ONLY ☐ Accept VISA Non-PIN Debit transactions ONLY ☐ Accept MasterCard Credit transactions ONLY ☐ Accept MasterCard Non-PIN Debit transactions ONLY ☐ Accept Discover Network Credit transactions ONLY ☐ Accept Discover Network Non-PIN Debit transactions ONLY

Apply for American Express: ☐ One Point or ☐ ESA (Franchise Only)

AMEX Rate** _____ % + \$ _____
AMEX/ T&E Draft Capture Trans Fee \$ _____

**0.30% downgrade will be charged by American Express for transactions whenever a CNP or Card Not Present Charge occurs. CNP means a Charge for which the Card is not presented at the point of purchase (e.g., Charges by mail, telephone, fax or the Internet). An Inbound fee of .40% will be applied to any Charge made using a Card issued by an issuer located outside of the United States. *Prepaid card rates are 1.95% except Supermarkets which are \$0.20 transaction fee.

JCB #: _____ (existing number) **Discount Rate:** _____ %

By signing below, I (we) represent that all of the information contained on this application is true and complete. I (we) understand that the JCB Card Acceptance Terms and Conditions will be sent to the address above with a welcome letter upon approval by JCB. I (we) agree to be bound by the JCB Card Acceptance Terms and Conditions for accepting the JCB Card for purchases of goods or other services.

AGREED AND ACCEPTED: JCB Acceptance _____ Signature

11. SCHEDULE OF CHARGES									
<input type="checkbox"/> Tiered Pricing (Default if below is completed)					AVS Voice Authorization		\$		
	Checkcard Rate	Trans Fee	Credit Rate	Trans Fee	VRU & ARU Fee:		\$		
Visa	%	\$	%	\$	Voice Authorization Fee:		\$		
MasterCard	%	\$	%	\$	Address Verification Service (AVS) Fee:		\$		
Discover	%	\$	%	\$	Chargeback Fee:		\$		
<input type="checkbox"/> ERR Pricing					Retrieval/Representment Fee:		\$		
	Checkcard Rate	Credit Rate	Non-Qualified	Trans Fee	Batch Header Fee:		\$		
Visa	%	%	%	\$	Monthly Minimum		\$		
MasterCard	%	%	%	\$	Monthly Service Fee		\$		
Discover	%	%	%	\$	<input type="checkbox"/> Equipment Encryption		\$		
<input type="checkbox"/> Interchange, dues, fees and assessments plus:			%	\$	<input type="checkbox"/> Equipment Swap		\$		
<input type="checkbox"/> PIN Debit Card: Monthly Network Access Fee:					<input type="checkbox"/> Merchant Club		\$		
Transaction Fee: \$ + Network Fees (Default)					<input type="checkbox"/> Application Fee		\$		
OR + \$		Network Fees	Cash Back \$	< Maximum	<input type="checkbox"/>		\$		
<small>Qualified Rate is assessed when your transactions meet certain criteria set by the applicable Association and Processor. When your Card transactions fail to meet those qualification criteria, we will process your transactions at the higher Mid-qualified Discount Rate (Rate 2) of _____ + \$0.10 or in certain circumstances, at a Non-qualified Discount Rate (Rate 3 / Standard*) of _____ + \$0.10 both rates are a surcharge to the credit qualified rate. An interchange transaction fee of \$0.1073 is assessed on each bankcard transaction. Rates may appear on statement as Electronic or Standard.</small>									
<input type="checkbox"/> EBT: FCS#: _____ Transaction Fee \$					<input type="checkbox"/> Petroleum: Pay-at-the-Pump <input type="checkbox"/> Yes <input type="checkbox"/> No				
Services: <input type="checkbox"/> Food Stamps <input type="checkbox"/> Cash benefits <input type="checkbox"/> Purchase with Cash Back					Wright Express (WEX)		Rate: 3.50%	Authorization Fee	\$
<input type="checkbox"/> Purchase <input type="checkbox"/> Cash Withdrawal <input type="checkbox"/> If Cash Issuance, limit amount: \$					Voyager		Rate: 3.40%	Authorization Fee	\$
<input type="checkbox"/> Gift Cards Only <input type="checkbox"/> Gift and Loyalty Program (This requires additional paperwork)									
Discount Rate		%	Transaction Fee	\$	Package Cost		\$	Monthly Service Fee	\$
								Monthly Service Fee Per Location	\$
<input type="checkbox"/>	Wireless				<input type="checkbox"/>	Gateway			
	Wireless Setup Fee			\$		Gateway Setup Fee			\$
	Monthly Wireless Network Access Fee			\$		Monthly Gateway Access Fee			\$
	Wireless Transaction Fee			\$		Gateway Transaction Fee			\$
Seasonal? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, indicate months: <input type="checkbox"/> J <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> A <input type="checkbox"/> M <input type="checkbox"/> J <input type="checkbox"/> J <input type="checkbox"/> A <input type="checkbox"/> S <input type="checkbox"/> O <input type="checkbox"/> N <input type="checkbox"/> D									
Other Bank Fees: Regulatory Monthly Fee: \$3.95; Returned Item Fee: \$25.00 assessed for each ACH item that is returned by the Merchant's bank; Decline Fee (an amount equal to the Authorization Fee amount and charged per item). The following Visa, MasterCard and Discover fees are assessed by the appropriate association and passed on to the Merchant: NABU, APF, Data Usage, Misuse Auth, VAP, Acquirer Support, Cross Border, Zero Floor Limit, Assessments, Acquirer ISA Fee Indicator, Reversal Integrity, IAF, ISA, & MC Annual License; Annual Fee: \$99; Monthly Compliance Fee: \$3.87 (does not affect your compliance responsibilities and obligations associated with your merchant account).									
12. MERCHANT SITE SURVEY									
Business Location:			Approximate Size: Square Footage:			Zone:			
<input type="checkbox"/> Store Front <input type="checkbox"/> Office			<input type="checkbox"/> 0-500 <input type="checkbox"/> 501-2000			<input type="checkbox"/> Commercial <input type="checkbox"/> Industrial			
<input type="checkbox"/> Home <input type="checkbox"/> Other (specify) _____			<input type="checkbox"/> 2000 +			<input type="checkbox"/> Residential			
Does the name on the store front match the DBA name? <input type="checkbox"/> Yes <input type="checkbox"/> No					Is inventory and merchandise displayed consistent with the type of business?				
Explain if No. _____					<input type="checkbox"/> Yes <input type="checkbox"/> No Explain if No. _____				
Business Hours: _____ to _____ Time Zone: <input type="checkbox"/> Pacific <input type="checkbox"/> Mountain <input type="checkbox"/> Central <input type="checkbox"/> Eastern Number of Employees: _____									
13. ADVERTISING, SALES AND DELIVERY -REQUIRED QUESTIONS 1-6 MUST BE ANSWERED - MOTO/INTERNET QUESTIONS – 1-18 MUST BE ANSWERED									
1. Description of product sold: _____ (Samples of brochure(s)/catalog(s), price list(s), ad(s), etc. must be submitted.)					10. List the name(s) and address(es) of vendors where the product is purchased.				
2. How does the customer purchase/order the product? <input type="checkbox"/> In Person <input type="checkbox"/> By Mail <input type="checkbox"/> By Phone <input type="checkbox"/> By Fax <input type="checkbox"/> Internet					11. List the name(s) of fulfillment house(s), if any:				
3. What is the delivery time frame to the consumer? <input type="checkbox"/> 0-7 days <input type="checkbox"/> 8-14 days <input type="checkbox"/> 15-30 days <input type="checkbox"/> 30+ days					12. List the name(s) of shopping cart(s) or CRM provider(s), if any:				
4. What is your return, cancellation or refund policy?					13. List the name(s) of call center(s) providers, if any:				
5. What percentage of your business is: _____ % Deposits / Future Services? _____ % Cash & Carry?					14. At what point is consumer paid in full? <input type="checkbox"/> 100% Paid in Advance <input type="checkbox"/> 100% Paid upon delivery/completion				
6. In what geographic areas will the product(s) be marketed and sold?					15. When you receive an authorization, how long before the merchandise is shipped?				
7. What percentage of sales transactions are with international cards? _____ %					16. What shipping service do you use to deliver products to consumers? <input type="checkbox"/> FedEx <input type="checkbox"/> UPS Airborne <input type="checkbox"/> USPS Express				
8. Who owns product? <input type="checkbox"/> Merchant <input type="checkbox"/> Vendor (Drop Ship Required)					17. How do you advertise? <input type="checkbox"/> Catalog <input type="checkbox"/> TV or Radio <input type="checkbox"/> Direct Mail/Flyers <input type="checkbox"/> Internet				
9. Are consumers required to provide deposit? <input type="checkbox"/> No <input type="checkbox"/> Yes (Percentage: _____ %) Incremental Payments (Percentage: _____ % _____ % _____ % _____ %)					18. What is your warranty/guaranty? <input type="checkbox"/> By merchant <input type="checkbox"/> By manufacturer <input type="checkbox"/> Provide description:				



14. MERCHANT ACCEPTANCE

I. By signing below, I represent that I have read and am authorized to sign and submit this application for the above entity which agrees to be bound by the American Express® Card Acceptance Agreement ("Agreement"), and that all information provided herein is true, complete, and accurate. I authorize Merchants' Choice Payment Solutions and American Express Travel Related Services Company, Inc. ("AXP") and AXP's agents and Affiliates to verify the information in this application and receive and exchange information about me personally, including by requesting reports from consumer reporting agencies, and disclose such information to their agent, subcontractors, Affiliates and other parties for any purpose permitted by law. I authorize and direct Merchants' Choice Payment Solutions and AXP and AXP agents and Affiliates to inform me directly, or through the entity above, of reports about me that they have requested from consumer reporting agencies. Such information will include the name and address of the agency furnishing the report. I also authorize AXP to use the reports from consumer reporting agencies for marketing and administrative purposes. I understand that upon AXP's approval of the application, the entity will be provided with the Agreement and materials welcoming it either to AXP's program for Merchants' Choice Payment Solutions to perform services for AXP or to AXP's standard Card acceptance program which has different servicing terms (e.g. different speeds of pay). I understand that if the entity does not qualify for the Merchants' Choice Payment Solutions servicing program that the entity may be enrolled in AXP's standard Card acceptance program, and the entity may terminate the Agreement. By accepting the American Express Card for the purchase of goods and/or services, or otherwise indicating its intention to be bound, the entity agrees to be bound by the Agreement."


II. This Merchant Application and Agreement contains four (4) pages and the Terms and Conditions. The Terms and Conditions ("Terms and Conditions"), Lease Terms and Conditions when leasing equipment through First Data Global Leasing (FDGL), and one (1) additional Merchant ACH Agreement are available online at <http://www.merituspays.com/forms/MPS20120109>. Each person signing below certifies that all information provided in this application is true, correct, and complete, and each person agrees to be bound by all provisions set forth in this four (4) page document and the Terms and Conditions available online. Each principal authorizes the Bank or any credit reporting agency employed by the Bank or any agent of the Bank, to make whatever inquiries the Bank deems appropriate to investigate, verify or research references, statements or data obtained from Merchant for the purpose of this application or any application for accompanying POS terminal(s) or equipment financing. An additional copy of the Terms and Conditions will be sent to the business entity indicated above along with the welcome letter upon approval of such business entity to accept payment cards by Woodforest National Bank. Monthly statements shall also be sent to the address provided. MERCHANT agrees to promptly notify BANK in the event the Terms and Conditions, the Welcome Letter or any monthly statement is not received. For detailed information related to the termination rights and obligations set forth in this Agreement, see Sections 2.14, 2.15, 2.17, 2.24, 2.27, 2.30, 2.35, 7.2, 7.3, Section 8 in its entirety, 10.12, and 10.16.

Merchant hereby authorizes Global eTelecom, Inc (GETI) in accordance with this merchant agreement to initiate debit/credit entries to merchant's checking account, as indicated per the attached copy of a voided check from same. The authority is to remain in full force and effect until (a) GETI has received written notification from merchant of its termination in such a manner as to afford GETI reasonable opportunity to act on it, and (b) all obligations of merchant to GETI that have arisen under this agreement have been paid in full.

Notice: All information contained on this application was completed by owners and/or officers of merchant and they warrant that all check information and sales volume indicated throughout this application are accurate and acknowledge that any variance to this information could result in delayed and/or withheld settlement of funds. No blank spaces were left incomplete. N/A or none has been filled in any spaces where applicable. This agreement shall not be binding or take effect until merchant has been approved by a GETI officer and a merchant number has been issued with check limit.


Principal Signature	Principal Name	Title	Date
			
Principal Signature	Principal Name	Title	Date
			

III. **Personal Guaranty.** The undersigned Guarantor(s) hereby, individually, agree to the terms set forth in section 2.35 of the Terms and Conditions. The undersigned Guarantors further agree to pay to the BANK all expenses (including attorney fees and court costs) paid or incurred by the BANK in collecting such obligations and in enforcing this Guaranty.

Guarantor Signature	Guarantor Name	Date
		

FOR ALL CORPORATIONS – Corporate Resolution

The indicated officers identified signing above have the authorization to execute the Merchant Payment Card Agreement with Woodforest National Bank on behalf of the here within named corporation.

Signature	Secretary of the Board of Directors Name	Date
		

15. SPECIAL REQUESTS

16. IRS REPORTING – BACKUP WITHHOLDING CERTIFICATIONS

TIN: _____ LEGAL NAME: (As shown on your income tax return) _____

☐ **TAXPAYER I.D. NUMBER** - The Tax Payer Identification Number shown above (TIN) is my correct taxpayer identification number.

☐ **BACKUP WITHHOLDING** - I am not subject to backup withholding, either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the IRS has notified me that I am no longer subject to backup withholding.

☐ **Exempt Recipients** - I am an exempt recipient under the Internal Revenue Service Regulations.

SIGNATURE: I certify under penalties of perjury the statements checked in this section are true and accurate and that I am a U.S. citizen or other U.S. person.

Principal Signature	Date
	

17. Bank Acceptance – Internal Use Only

Woodforest National Bank Principal Signature	Date