

# ISeDepositWeb Merchant Form

Email completed Form to: [ISeDepositWeb@opensolutions.com](mailto:ISeDepositWeb@opensolutions.com)  
 Or Fax to: (205) 314-1502 Attn: ISeDepositWeb Team



Financial Institution Name: <b>John Marshall Bank</b> City, State: <b>Falls Church, VA 22041</b>	<input type="checkbox"/> NEW <input type="checkbox"/> MODIFY	Date Submitted:	Submitted By: <b>Chhaya Muth</b>	Contact Phone: <b>703-584-0864</b>
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## FINANCIAL INSTITUTION CLIENT INFORMATION

Company Name: (Maximum Characters = 25)	Site Name: (Maximum Characters = 25)	Max Deposit Amount for site:
Scanner Serial Number:	Merchant Install Date:	FI Email address for Merchant Capture Transaction Confirmation: <b>Merchant Cut-Off: 4:00 pm</b>

## USER ADMINISTRATION

User Name (Merchant Employee First Name Last Name)	Email Address:	Send Deposit Confirmation
1.		<input type="checkbox"/> Y / <input type="checkbox"/> N
2.		<input type="checkbox"/> Y / <input type="checkbox"/> N
3.		<input type="checkbox"/> Y / <input type="checkbox"/> N
4.		<input type="checkbox"/> Y / <input type="checkbox"/> N
5.		<input type="checkbox"/> Y / <input type="checkbox"/> N
6.		<input type="checkbox"/> Y / <input type="checkbox"/> N
7.		<input type="checkbox"/> Y / <input type="checkbox"/> N
8.		<input type="checkbox"/> Y / <input type="checkbox"/> N
9.		<input type="checkbox"/> Y / <input type="checkbox"/> N
10.		<input type="checkbox"/> Y / <input type="checkbox"/> N

  

User Name (from above):	Admin User	Super User	Capture	Balance	Transmit	Reports	Research
1.	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N
2.	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N
3.	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N
4.	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N
5.	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N
6.	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N
7.	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N
8.	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N
9.	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N
10.	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N

## ACCOUNT INFORMATION

Account Number:	Account Name: (Maximum characters = 20)	Maximum Dollar Deposit:
List User Name(s) from above with access to this Account Number:		
Account Number:	Account Name: (Maximum characters = 20)	Maximum Dollar Deposit:
List User Name(s) from above with access to this Account Number:		
Account Number:	Account Name: (Maximum characters = 20)	Maximum Dollar Deposit:
List User Name(s) from above with access to this Account Number:		
Account Number:	Account Name: (Maximum characters = 20)	Maximum Dollar Deposit:
List User Name(s) from above with access to this Account Number:		

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Continued

Financial Institution Name: <b>John Marshall Bank</b>		Company Name: (Maximum characters = 25)		Site Name: (Maximum characters = 25)	
<b>FINANCIAL INSTITUTION PREFERENCES</b>					
Number of days to retain history for client deposit research (0-30): <b>30</b>					
Maximum number of possible duplicates before warning (0-100): <b>0</b>					
Maximum number of possible duplicates before error (0-100): <b>0</b>					
Number of days to look back for duplicate items (0-30): <b>30</b>					
Display message on encountering a Canadian item: <input checked="" type="checkbox"/> Y / <input type="checkbox"/> N					
Require 2Factor Authentication during user login: <input type="checkbox"/> Y / <input checked="" type="checkbox"/> N					
Bank of First Deposit Bank Contact: <b>Chhaya Muth</b>			Bank of First Deposit Contact Phone: <b>703-584-0864</b>		
Bank of First Deposit Bank Name: <b>John Marshall Bank</b>		FRB Routing Number: <b>56009356</b>	Deposit Tran Code: <b>0</b>	Customized name to replace "ISeDeposit":	
<b>ENDORSER SETTINGS</b>					
Enable FI Endorsement: <input checked="" type="checkbox"/> Y / <input type="checkbox"/> N (Maximum 22 characters TOTAL)					
FI Name: <b>John Marshall Bank</b>					
FI City/State: <b>Falls Church, VA</b>					
FI FRB #: <b>56009356</b>					
Enable Customer Endorsement: <input checked="" type="checkbox"/> Y / <input type="checkbox"/> N (Maximum 30 characters TOTAL)					
Customer Endorsement Line 1: <b>For Deposit Only</b>					
Customer Endorsement Line 2:					
Customer Endorsement Line 3:					
Include FI FRB #: <input checked="" type="checkbox"/> Y / <input type="checkbox"/> N					
Include Deposit Account #: <input checked="" type="checkbox"/> Y / <input type="checkbox"/> N					
<b>ADDITIONAL COMMENT SECTION</b>					
<b>FOR OPEN SOLUTIONS INC USE ONLY</b>					
Completed By:		Date:		Approved By:	
				Change Control Request IP Center:	