HARBOR BIZ NET
POSITIVE PAY

THE HARBOR BANK OF MARYLAND

General Company Information

Company Name: _____

Address: _____

City, State, Zip: _____

Contact Name: _____

Contact Telephone Number: _____

Contact E-mail: _____

Positive Pay account(s)

Number	
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

User Name	User Contact e-mail
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Bank instructions for items not on issued file

(Select only one per section)

☐ Bank Pay item if no decision is made by client's decision cutoff time.

or

X Bank should not pay item if no decision is made by client's decision cutoff time.

X Presented items over the counter should not be paid

or

☐ Presented items over the counter should be paid

Who to contact with email exception notifications

(Email address 1)

(Email address 2)

Authorized Signature Date

Print Name/Title