

ACH Origination Application

(We Couldn't Think of a Catchier Title.)



CUSTOMER

Company Name _____ Tax Id _____ EIN SSN
Mailing Address _____ Phone _____ Fax _____
City _____ State _____ Zip _____ Branch _____
Type of Business _____ Number of Years in Operation _____ Under Present Management Since _____
Are you processing as a third-party sender? Yes No
If yes, a separate agreement is required. **(Yep, More Paperwork. We're Sorry.)**

PRIMARY CONTACT

Contact Information

Primary Contact Name _____ SSN _____ Title _____
Mailing Address _____ Phone _____ Fax _____
City _____ State _____ Zip _____ Mothers Maiden Name _____
Email Address _____ City Born in _____ DOB _____
Guarantor? Yes No

SECONDARY CONTACT

Secondary Contact Name _____ SSN _____ Title _____
Mailing Address _____ Phone _____ Fax _____
City _____ State _____ Zip _____ Mothers Maiden Name _____
Email Address _____ City Born in _____ DOB _____
Guarantor? Yes No

ACH ORIGINATION SERVICES

Indicate Type(s) of ACH Origination Services

(Here Comes the Bureaucratic Jibber Jabber.)

- Payroll Direct Deposit *Send electronic credits to employees* Software used to create file: _____
 ACH Payments / Credits *Send funds to other accounts*
 ACH Collections / Debits *Initiate payments from clients' accounts into your account*

Optional Additional Information _____

Requested Total Daily ACH **Credits** _____ Requested Total Daily ACH **Debits** _____
Average Entry Amount (An Entry is an Individual Transaction, e.g. Payment or Payroll Item) \$ _____ Number of Files (per month) _____
\$ _____ Total Amount (per month) \$ _____

(This is Just Page One! Stand and Stretch. Don't Forget to Hydrate.)

Bank Use Only

ACCOUNT HISTORY

Deposit Activity

(You Can Ignore This Nonsense. You're Welcome.)

Primary Account Number _____ CYTD NSF _____ PYTD NSF _____ CYTD Avg Bal _____

Portfolio Number _____ Account(s) Since _____

Loan Activity

Aggregate Exposure _____ Date Last Financial Review _____

Exposure Description _____

APPROVAL

Aggregate Risk Rating

Guarantor: Primary contact FICO Score _____ SEC Code PPD Other _____

Second Contact FICO Score _____ CCD

Approved ACH Limit \$ _____ Review Frequency _____

Approved By _____ Date _____ Pre-Funding Required _____

Print Name _____ Title _____ Resp Code _____