

ACH ORIGINATION APPLICATION

APPLICANT INFORMATION

Date of Application: _____

Company: _____

Tax ID: _____

EIN SSN

Physical Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Mailing Address: _____
(if different from above)

Fax: _____

City: _____ State: _____ Zip: _____

Type of Business: _____ Number of Years in Operation: _____ Under Current Management Since: _____

Financial Institution Where Current or Most Recent Account Resides: _____

Collateral Offered (explain in detail): _____

Guaranty Offered:

Name: _____ Telephone: _____ Email: _____

ACH ACTIVITY

Requested ACH Limit: \$ _____

Frequency: _____ Daily _____ Weekly _____ Bi-Monthly _____ Monthly _____ Other _____

Anticipated Number of Files per Month: _____ Anticipated Total Amount per Month: \$ _____

Types of Transactions: _____ Business to Business _____ Business to Personal _____ Personal to Business

How does your customer authorize payments? _____ In Writing _____ Website _____ Telephone _____ Other _____

Software used to create ACH Files: _____