

ODFI/Originator ACH Agreement
 For business members requesting ACH capability
ATTACHMENT 1: ACH APPLICATION



Section 1 - ACH Information (Must be fully completed)			
Total ACH Exposure Requested: \$ _____	For F I Use Only: _____ Est. Exposure \$ _____	Application For: <input type="checkbox"/> Payroll <input type="checkbox"/> Consumer Debits <input type="checkbox"/> Consumer Credits <input type="checkbox"/> Corporate Debits <input type="checkbox"/> Corporate Credits <input type="checkbox"/> Other _____	
Type of ACH Application: Debit <input type="checkbox"/> Credit <input type="checkbox"/> Exposure: \$ _____	Type of ACH Application: Debit <input type="checkbox"/> Credit <input type="checkbox"/> Exposure: \$ _____	Type of ACH Application: Debit <input type="checkbox"/> Credit <input type="checkbox"/> Exposure: \$ _____	
Account # to be Debited/Credited for ACH Transactions: _____		Tax ID for ACH Account # Listed: _____	# of Years in Business: _____
What ACH Application will be used: _____		Method of Authentication (if applicable): _____	

Section 2 - Company Information			
Company Name (name filed with State Department of Commerce): _____			Account Number: _____
Physical Address: _____	City: _____	State: _____	ZIP: _____
Mailing Address (if different): _____	City: _____	State: _____	ZIP: _____
Business Phone Number: _____		Fax Number: _____	
Type of Business: _____	Current Owner(s) Since (Mo/Yr): _____	Number of Owners: _____	OFAC SDN Review Completion Date: _____
Company's Product and/or Service: _____			Industry Category: _____

Section 3 - Business Banking Accounts		
Financial Institution Name	Monthly Average Checking Balance	Monthly Average Savings Balance
	\$ _____	\$ _____
	\$ _____	\$ _____
	\$ _____	\$ _____
	\$ _____	\$ _____
	\$ _____	\$ _____
	\$ _____	\$ _____

Section 4 - First Owner Information (Complete owner information and banking section for each owner. Make copies if needed.)			
Owner Full Name (Please Print): _____	Percent Ownership: _____	Social Security Number: _____	
Home Address: _____	City: _____	State: _____	ZIP: _____

Section 5 - Second Owner Information (Complete owner information and banking section for each owner. Make copies if needed.)			
Owner Full Name (Please Print): _____	Percent Ownership: _____	Social Security Number: _____	
Home Address: _____	City: _____	State: _____	ZIP: _____

Section 6 - Third Owner Information (Complete owner information and banking section for each owner. Make copies if needed.)			
Owner Full Name (Please Print): _____	Percent Ownership: _____	Social Security Number: _____	
Home Address: _____	City: _____	State: _____	ZIP: _____

Section 7 - Fourth Owner Information (Complete owner information and banking section for each owner. Make copies if needed.)			
Owner Full Name (Please Print): _____	Percent Ownership: _____	Social Security Number: _____	
Home Address: _____	City: _____	State: _____	ZIP: _____

