

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: