

ACH ORIGATION APPLICATION

1. Legal Business Name: _____

2. Year Business Established: _____ Year Bank Relationship Established: _____

3. Type of Business: _____ Number of Employees _____

4. Physical Address (Street, City and State, Zip Code)

5. Primary contact name, title and daytime phone number

6. Secondary contact name, title and daytime phone number

7. After hours contact name and phone number (home and/or cell)

8. Do you currently use ACH Services? Yes / No

9. Type of ACH transactions:

File Type	Average # of entries per file	Average dollar amount of file	Frequency of file (daily, weekly, bi-weekly, monthly)
Direct Deposit (i.e. payroll)			
Preauthorized Debit (i.e. billing, vendor payments)			

10. Software used to create ACH files: _____

11. Will you generate NACHA formatted files? Yes / No

12. How does your customer authorize payments? In Writing/ Website/ Other _____

13. Do you obtain a voided check / deposit slip? Yes / No

14. How will files be sent to bank: Online Banking / E-mail / Other

15. If Online Banking, please list employees who will be processing the files and their system access below.

User Name (first/last)	Email Address	Create file	Import file	Process file

16. Expected date to start using this service. _____

17. JSB account number that ACH Origination fees will be charged. _____

Owner's Signature: _____

Date: _____