

ACH Origination Application

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



CUSTOMER

Company Name _____ Tax Id _____ EIN SSN
Mailing Address _____ Phone _____
City _____ State _____ Zip _____ Branch _____
Type of Business _____ Number of Years in Operation _____ Under Present Management Since _____

PRIMARY CONTACT

Contact Information

Primary Contact Name _____ SSN _____ Title _____
Mailing Address _____ Phone _____
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 _____
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*
- ACH Payments / Credits *Send funds to other accounts*
- ACH Collections / Debits *Initiate payments from clients' accounts into your account*

Total Requested Daily Limit \$ _____

Optional Additional Information _____

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

(Sorry We Have to Ask All This Stuff. Dumb Regulatory Requirements.)

Indicate ACH Activity (Check all responses that apply, if applicable)

Indicate all types of transactions used Business to Business Account Business to Personal Account Personal to Business Account

How does your customer authorize payments? Written authorization on file Website/Telephone Other _____

Will you generate a NACHA formatted file? Yes No

Software used to create file _____ or online template Yes No

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

Dual Authentication Yes No **(Fraudsters hate this!)**

List All ANB/LNB Accounts Subject to ACH Activity

Account Number	Name / Description	Account Type
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Employees who will be submitting ACH transactions

(Fun Fact: ACH is 75% of the Word "Ache.")

Name	User ID	Email Address	Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Customer Authorization

(Lawyers Made Us Add These Words.)

I, the undersigned, do hereby acknowledge that I am authorized under the attached resolution to act on behalf of this company, group, association or organization. I will not process transactions on behalf of unrelated, third party entities. **In addition, I acknowledge receipt of and agree to the terms and conditions set forth in the ACH Agreement as well as the monthly fee of \$25 and per item fee of \$0.07. If Same Day ACH is used, an additional monthly fee of \$25 and per item fee of \$1.00 will be charged.**

Consent to Obtain Consumer Credit Report

I/We ("Applicant") consent to Amarillo National Bank obtaining one or more consumer credit reports on me from time to time in connection with this ACH Service Application. The Bank may also investigate my background, income, credit or credit worthiness, assets or other matters as it deems reasonably necessary or appropriate.

Authorized _____ Printed _____
 Signature _____ Name _____ Title _____ Date _____

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 _____

Second Contact FICO Score _____

Approved ACH Limit \$ _____ Review Frequency: Semi Annual Annual 2-Years

Approved By _____ Date _____ Pre-Funding Required _____

Print Name _____ Title _____ Resp Code _____