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ACH Application – Credits/Deposits

ACH Application – Debits/Payments

This application along with the required supporting documentation will not be accepted via fax. Application must be submitted via US Mail. All information provided by the applicant is considered and treated as confidential and used for the sole purpose of the application approval process.

Company Legal Name: _____

dba Name: _____

Address: _____

Service Address: _____

City, State, Zip: _____

City, State, Zip: _____

Main Company Phone: _____

Company Fax: _____

Contact Name & Title: _____

Contact Phone: _____

Email Address: _____

NAICS: _____ Yrs. In Business: _____

Website: _____

ACH Software: _____

Entity: Corp. Partnership Proprietorship LLC

Federal Tax ID Number: _____

Officer/Owner/Partner/Member (percentages listed below must total 100%)

a) Name: _____

b) Name: _____

Title: _____ DOB: _____ SSN: _____

Title: _____ DOB: _____ SSN: _____

Residence: _____

Residence: _____

City: _____ State: _____ Phone: _____

City: _____ State: _____ Phone: _____

Percentage Ownership in Business: _____ %

Percentage Ownership in Business: _____ %

c) Name: _____

d) Name: _____

Title: _____ DOB: _____ SSN: _____

Title: _____ DOB: _____ SSN: _____

Residence: _____

Residence: _____

City: _____ State: _____ Phone: _____

City: _____ State: _____ Phone: _____

Percentage Ownership in Business: _____ %

Percentage Ownership in Business: _____ %

Financial Institution (the account must be designated as a corporate/company account)

Name on Bank Account: _____

Bank Name: _____

Bank Contact: _____

Routing Number: _____

Address: _____ Phone: _____ Account Number: _____

City: _____ State: _____ Zip: _____ Type of Account: dda sav

Revolving Line of Credit (Y/N) ___ Max Amount \$ _____ Outstanding Bal. \$ _____ Maturity Date: _____

Required Attachments

All of the following items MUST be submitted with this form for processing of your application:

- _____ 1. Copy of the last 2 months business bank account statements (or personal if business is unavailable).
- _____ 2. A voided check of the business deposit account, with the business name pre-printed on the check (a personal account is NOT acceptable).
- _____ 3. Copies of your planned forms for your customer's ACH authorization signature, if other than Intercept's (this may include a written authorization, web screen prints, voice recording/telephone script, etc.)
- _____ 4. Two years audited financial statements (including balance sheet and income statement) and/or last two years tax returns of the company. If most recent return is on extension, please provide evidence of such. If company is newly formed and tax returns are unavailable, personal returns of the owner(s) are required.
- _____ 5. Photo copy of valid Driver's License of Officer/Owner/Partner/Member applicant(s).
- _____ 6. Copy of Certificate of Incorporation, Articles of Incorporation/Organization and Bylaws, if applicable.
- _____ 7. Completed Authorized Individuals form.
- _____ 8. Document verifying tax ID/EIN.

Background Information

Please answer ALL of the numbered questions below. Unanswered questions will cause a delay in the processing of your application.

1. Is your company currently processing ACH with another company other than InterceptEFT? Yes No If yes, please provide:
Name of Processor: _____ Contact Name at Processor: _____
Reason for Leaving: _____
2. Has your company ever been declined by another ACH processor? Yes No If yes, please provide the following:
Name of ACH Processor: _____ Date of Decline: _____
Reason for Decline: _____
3. Within the past 7 years have you, the Company, other officer of the Company, any owner of the Company or any other Company you have been associated with ever filed bankruptcy? Yes No If yes, please provide the following:
Name of Entity which Filed Bankruptcy: _____
State in which the Bankruptcy was Filed: _____ Date of Filing: _____
4. Have you, the Company, or any other officer of the Company ever been investigated by a state or federal agency? Yes No
If yes, please provide the following:
Agency Investigating: _____ Date: _____
Nature of Investigation: _____
Result of Investigation: _____
5. Are you, the Company, or any other officer of the Company currently a party to a lawsuit? Yes No If yes, please provide:
Parties Named in the Lawsuit: _____
Date of Lawsuit: _____
6. Are there any judgments of record against you, the Company, or any other officer of the Company: Yes No If yes, please provide:
Date of Judgment: _____ Amount of Judgment: _____
Judgment in Favor of Whom: _____
7. Have you, the Company, or any other officer of the Company ever been convicted of a crime other than one involving a motor vehicle?
 Yes No If yes, please provide the following:
Nature of Crime: _____

Transaction Information (complete ONLY for ACH Credits/Deposits Application)

Please provide the type of transactions below for which you are applying: (all options may not be available dependent on your ACH software) Please provide estimated transaction information for each type of transaction for which you are applying.

**This will be the company's account information that you would like associated with these specific transactions.*

- | | |
|---|---|
| <input type="checkbox"/> Direct Deposit
Number of Clients: _____
Daily Transaction Volume No.: _____
Monthly Transaction Volume No.: _____
Average Single Transaction \$ _____
Monthly Transaction Amount \$ _____ | <input type="checkbox"/> Tax Impound
Daily Transaction Volume No.: _____
Monthly Transaction Volume No.: _____
Average Single Transaction \$ _____
Monthly Transaction Amount \$ _____
Routing Number*: _____
Account Number*: _____ |
| <input type="checkbox"/> Billing
Daily Transaction Volume No.: _____
Monthly Transaction Volume No.: _____
Average Single Transaction \$ _____
Monthly Transaction Amount \$ _____
Routing Number*: _____
Account Number*: _____ | <input type="checkbox"/> Vendor Payment
Daily Transaction Volume No.: _____
Monthly Transaction Volume No.: _____
Average Single Transaction \$ _____
Monthly Transaction Amount \$ _____ |
| <input type="checkbox"/> Tax Payment
Daily Transaction Volume No.: _____
Monthly Transaction Volume No.: _____
Average Single Transaction \$ _____
Monthly Transaction Amount \$ _____ | <input type="checkbox"/> Net Pay Impound
Daily Transaction Volume No.: _____
Monthly Transaction Volume No.: _____
Average Single Transaction \$ _____
Monthly Transaction Amount \$ _____
Routing Number*: _____
Account Number*: _____ |
| <input type="checkbox"/> International ACH Transactions (IAT)
Please provide detailed funds flow description for all international activity | |

Transaction Information (complete ONLY for ACH Debits/Payments Application)

Nature/reason for transactions: _____

Please check the boxes you would like to apply for:

Standard Entry Class (SEC) Code:

- RCK – Represented Check Program
- ARC – Accounts Receivable Check Conversion
- TEL – Telephone Initiated Payments
- WEB – Web Based Payments
- POP – Point of Purchase
- BOC – Back Office Conversion
- IAT – International ACH Transactions

PPD (Individuals):

Subcode: 1a. Advances/Credits 1b. Payments/Debits

CCD (Company/Corporate):

Subcode: 2a. Advances/Credits 2b. Payments/Debits

Please provide the following transaction information for each type of Standard Entry Class Code listed above for which you are applying:

SEC Code: _____ Subcode (if app): _____ Daily Transaction Volume No.: _____ Monthly Transaction Volume No.: _____
Average Single Transaction \$ _____ Largest Single Transaction \$ _____ Monthly Transaction Amount \$ _____

SEC Code: _____ Subcode (if app): _____ Daily Transaction Volume No.: _____ Monthly Transaction Volume No.: _____
Average Single Transaction \$ _____ Largest Single Transaction \$ _____ Monthly Transaction Amount \$ _____

SEC Code: _____ Subcode (if app): _____ Daily Transaction Volume No.: _____ Monthly Transaction Volume No.: _____
Average Single Transaction \$ _____ Largest Single Transaction \$ _____ Monthly Transaction Amount \$ _____

Company Operational Information (Section to be completed ONLY if applying for ACH Debits/Payments)

1. Is your company acting as a loan servicing agent on behalf of other entities or is your company processing transactions on behalf of other companies, or other related entities? Yes No
2. Type of sales/order method: Web/Internet Telephone Mail In person/Store All of the above
3. Payments or Purchases are from Business Consumers _____% from Business _____% from Consumers
4. Describe goods/services provided to customers (please be specific): _____
5. What is the time period for delivery of the goods/services? _____
6. How are you obtaining authorization? Telephone Written Internet Other _____
7. How/When do you charge for goods/services? _____
8. Are orders received and processed at your business location? _____
9. Describe your approach to customer satisfaction including your refund policy? _____
10. Is refund policy clearly posted and if yes, where? _____

Acknowledgement/Signature

By signing below, you acknowledge that you have read and understand each of the following terms and conditions:

- The usual funds availability period is four business days and a shorter funding period is subject to credit approval.
- All funds to be transferred must be collaterally funded and fully guaranteed.
- Exclusion of any of the above requested items required for consideration of my application may delay or void processing of my application and I have attached a written statement of reasons for any exclusion.
- The company is legally responsible for obtaining written authorization from the customer to process an EFT as per Federal Regulation E.
- An EFT will be returned promptly to a customer who is protesting the transaction, and I will not knowingly attempt to conduct an EFT after stop-payment, or revocation of a payment to my business is ordered or for an amount included in a bankruptcy filing.
- Company acknowledges that the information in this application is true, accurate and complete.

Company authorizes InterceptEFT, and/or its agents, to obtain any additional information from third parties including, but not limited to, banks, financial institutions, credit bureaus, federal or state agencies, including other financial information, credit reports, criminal records, criminal history, and bankruptcy reports which may be necessary to act on or verify the supplied information. Company acknowledges that it may be asked to supply additional information.

Officer/Owner/Partner/Member

Signature: _____ Title: _____

Name (printed): _____ Date: _____