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**ACH Application – Credits/Deposits**                       **ACH Application – Debits/Payments**

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

Company Legal Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Main Company Phone: \_\_\_\_\_  
 Contact Name & Title: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Website: \_\_\_\_\_  
 Entity:  Corp.  Partnership  Proprietorship  LLC

dba Name: \_\_\_\_\_  
 Service Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Company Fax: \_\_\_\_\_  
 Contact Phone: \_\_\_\_\_  
 NAICS: \_\_\_\_\_ Yrs. In Business: \_\_\_\_\_  
 ACH Software: \_\_\_\_\_  
 Federal Tax ID Number: \_\_\_\_\_

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

a) Name: \_\_\_\_\_  
 Title: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_  
 Residence: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Percentage Ownership in Business: \_\_\_\_\_%

b) Name: \_\_\_\_\_  
 Title: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_  
 Residence: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Percentage Ownership in Business: \_\_\_\_\_%

c) Name: \_\_\_\_\_  
 Title: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_  
 Residence: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Percentage Ownership in Business: \_\_\_\_\_%

d) Name: \_\_\_\_\_  
 Title: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_  
 Residence: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Percentage Ownership in Business: \_\_\_\_\_%

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

Name on Bank Account: \_\_\_\_\_  
 Bank Contact: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Revolving Line of Credit (Y/N) \_\_\_\_\_ Max Amount \$ \_\_\_\_\_

Bank Name: \_\_\_\_\_  
 Routing Number: \_\_\_\_\_  
 Account Number: \_\_\_\_\_  
 Type of Account:  dda  sav  
 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. Copies of promotional materials.
  - \_\_\_\_\_ 5. Last two years tax returns of the company or two years audited financial statements (including balance sheet and income statement) If most recent tax 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.
  - \_\_\_\_\_ 6. Photo copy of valid Driver's License of Officer/Owner/Partner/Member applicant(s).
  - \_\_\_\_\_ 7. Copy of Certificate of Incorporation, Articles of Incorporation/Organization and Bylaws, partnership agreement, operating agreement, all amendments, and certified as accurate. If company is a sole proprietor or is not required to register with applicable state, then provide a copy of business registration or city or county license.
  - \_\_\_\_\_ 8. Copy of applicable local, state or federal licenses if goods or services sold are regulated and require licensing by a governmental authority.
  - \_\_\_\_\_ 9. Completed Authorized Individuals form.
  - \_\_\_\_\_ 10. Document verifying tax ID/EIN.
  - \_\_\_\_\_ 11. Fee Sheet, signed and dated.

## 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"/> <b>Direct Deposit</b><br>Number of Clients: _____<br>Daily Transaction Volume No.: _____<br>Monthly Transaction Volume No.: _____<br>Average Single Transaction \$ _____<br>Monthly Transaction Amount \$ _____                  | <input type="checkbox"/> <b>Tax Impound</b><br>Daily Transaction Volume No.: _____<br>Monthly Transaction Volume No.: _____<br>Average Single Transaction \$ _____<br>Monthly Transaction Amount \$ _____<br>Routing Number*: _____<br>Account Number*: _____     |
| <input type="checkbox"/> <b>Direct Deposit for Your Company</b><br>Please select ONE processing window:<br><input type="checkbox"/> 3 Day Window <input type="checkbox"/> 4 Day Window  | <input type="checkbox"/> <b>Vendor Payment</b><br>Daily Transaction Volume No.: _____<br>Monthly Transaction Volume No.: _____<br>Average Single Transaction \$ _____<br>Monthly Transaction Amount \$ _____  |
| <input type="checkbox"/> <b>Billing</b><br>Daily Transaction Volume No.: _____<br>Monthly Transaction Volume No.: _____<br>Average Single Transaction \$ _____<br>Monthly Transaction Amount \$ _____<br>Routing Number*: _____<br>Account Number*: _____ | <input type="checkbox"/> <b>Net Pay Impound</b><br>Daily Transaction Volume No.: _____<br>Monthly Transaction Volume No.: _____<br>Average Single Transaction \$ _____<br>Monthly Transaction Amount \$ _____<br>Routing Number*: _____<br>Account Number*: _____ |
| <input type="checkbox"/> <b>Tax Payment</b><br>Daily Transaction Volume No.: _____<br>Monthly Transaction Volume No.: _____<br>Average Single Transaction \$ _____<br>Monthly Transaction Amount \$ _____   | <input type="checkbox"/> <b>International ACH Transactions (IAT)</b><br>Please provide detailed funds flow  |

**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:  | <input type="checkbox"/> RCK – Represented Check Program            |
| PPD (Individuals):  | <input type="checkbox"/> ARC – Accounts Receivable Check Conversion |
| Subcode: <input type="checkbox"/> 1a. Advances/Credits <input type="checkbox"/> 1b. Payments/Debits | <input type="checkbox"/> TEL – Telephone Initiated Payments         |
|   | <input type="checkbox"/> WEB – Web Based Payments                   |
| CCD (Company/Corporate):  | <input type="checkbox"/> POP – Point of Purchase                    |
| Subcode: <input type="checkbox"/> 2a. Advances/Credits <input type="checkbox"/> 2b. Payments/Debits | <input type="checkbox"/> BOC – Back Office Conversion               |
|   | <input type="checkbox"/> IAT – International ACH Transactions       |

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: \_\_\_\_\_