

APPLICATION FOR ACH/Remote Deposit Capture

SECTION I: COMPANY INFORMATION

Company Na	me:							
Mailing Addre	ess:							
-								
(if different than a Number of Ph	bove) hysical Location	ıs:						
		r:		Fax:				
Primary ACH	Contact Name 8	& Title:						
Contact Phon	ne Number:		Con	tact Email:				
Secondary A	CH Contact Nam	ne & Title:						
Contact Phone Number:			Con	tact Email:				
Type of Busir	ness:							
Date Busines	s Established: _	_/_/	Employer Tax	ID Number: _				
Select one:	Corporation	Partnership	Sole P	roprietorship	Other			
If applicable:	Date of Incorp	oration: / /	Stat	e of Incorpora	tion:			
•		osit or Ioan accou				No		
	-	ng documents which ar	-			& Datad)		
Corporate Resolution or Partnership Agreement								
Prior Yea	ar Tax Return Copy	y (Signed & Dated)	Cred	dit References				
Please indica	te the days and	hours you anticip	oate needing to	submit/proce	ess checks:			
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday		
Between the	hours of	AM and PI	М.					
-		ccess to the appli of the address or			Yes	No		
If yes, please provi	ide additional address	or location information a	and specific details:					



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SECTION II: ACH ORIGINATION INFORMATION

please verify that you ha	ve: High-Speed	eed Internet Windows 7 or later		Internet Ex	ation and/or submission, Internet Explorer 10.0 or later		
Will you be creating NA	CHA-formatted AC	H files using y	our own softwar	e program?	Yes	No	
Please select the purpos	e of ACH transactio	ns to be origin	ated:				
ACH Credits for: Payroll D	visbursements	Tax Payments	Othor:				
-	visbui sei Hei its	iax rayineiits	Other				
ACH Debits for: Membership Dues	Contributions	Fees	Payment Collection	ns Check Co	nversions		
Other:							
Please indicate the type	of ACH transaction	s to be origina	ted:				
PPD (Credits or Debits to Consume		(Credits or Debits to Corp		ARC:			
Checking Accout Number	er to be used for S o	ettlement pur	poses:				
Checking Accout Numbe	er to be used for Fe	ees (if applica	ble):				
Frequency that ACH tran	sactions will be sub	omitted:					
Weekly for transactions to	be credited or debited	d on					
Biweekly for transactions	to be credited or debit	ed on	·				
Monthly for transactions t	o be credited or debite	ed on	·				
Anticinated maximum am	sount of any single	ACU file to be	submitted at one	timor			
Anticipated maximum an							
Anticipated maximum an	nount of total ACH	files to be sub	nitted in any one	day:			
Anticipated maximum an	nount of any single	ACH transacti	on:				
Does your company curi	rently originate AC	CH transaction	s?				
Number of ACF	H files sent monthly:	Month	ly dollar volume of A	CH files:			
Average numb	er of ACH transactions	sent monthly:					
Yes Average number	er of ACH Returns rece	ived back monthl	y:				
Average month	nly dollar volume of AC	H Returns:					
L Do you send Pi	renotes for new transac	ctions? Yes	No				
□ Estimated num	ber of monthly ACH fil	es:	Estimated month	nly dollar volume:			
No	ber of ACH transaction			-			

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SECTION III: REMOTE DEPOSIT INFORMATION

To ensure compatibility with please verify that you have:	our internet-b High-Speed		e program for ACH Windows 10 or later	_	and/or submission, et Explorer 10.0 or later
Does your company current	ly originate A	CH transactio	ons?		
Yes Type:	No				
Do you want to scan checks	for both ACH	(check conve	ersion) and Remo	te Deposit (c	heck truncation)?
Yes Describe:			No	Unsure	2
Please describe the purpos Membership Dues	e of checks the Contributions	at are receive	ed by your compai Purchases	-	Services Provided
Payments Collected for		Other:			
Please indicate the type(s) Only consumer checks		e deposited: ly business che		Both consum	er and business check
3Rivers FCU Checking Acco	unt(s) to be us Account Title	sed for Depo	sits of checks:	Checking	Account Number
3Rivers FCU Checking Accou	nt Number to b	e used for Rei	mote Deposit Fees:		
Frequency of check deposits	Daily	Weekly	No Set Frequency	Other:	
Anticipated maximum amou	nt of any single	e check to be	deposited:		
Anticipated maximum amour	nt of any group	of checks to b	oe deposited at one	e time:	
Estimated number of checks	you will be sca	anning and su	bmitting in one de	posit:	
Do you anticipate submittir	ng more than c	ne deposit p	er day? Ye	s No	
The anticipated maximum ar	nount of total	checks to be o	deposited in any o	ne day:	
Estimated total dollar volum	e of checks to	be deposited	monthly:		
Estimated total number of cl		-	•		
Estimated checks returned n	•		•	Amount:	

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SECTION III: REMOTE DEPOSIT INFORMATION

(Continued)

What is the make and model of t	1ake:			o process re	mote deposits? Model	
SECTION IV: AUTHORIZED SIGNAT By signing below, the Company grants pe		nancial institu	ution to obtai	in credit inform	ation from reporting	g agencies.
Signature of Company Official: _						
Printed Name and Title:						
Application Date://						
FOR CREDIT UNION USE ONLY						
This application has been: Ap	proved Der	nied	/_/_	by		

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