



Cash Management ACH ORIGINATION APPLICATION

APPLICANT INFO

Member #: _____ Date of Application: _____

Company: _____ TAX ID #: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Mailing Address: _____
(If different from above)

City: _____ State: _____ Zip: _____

Email: _____ Type of Business: _____ # of Yrs in Operation: _____

ACH ACTIVITY

Requested ACH Limit Per Transaction \$: Debits: _____ Credits: _____

Requested ACH Limit Per Day \$: Debits: _____ Credits: _____

Requested ACH Limit Per Month \$: Debits: _____ Credits: _____

Check below, the transaction types requested for use in the Cash Management Suite:

Payroll Payments Collections ACH Pass Thru Wire Transfer

Describe the type of activity/transactions to be processed using ACH (ie, donations, rent collection, tuition, payroll, etc): _____

FINANCIALS & ACCOUNTS

America's Christian CU will only consider ACH Origination Applications supported by a full financial disclosure. Please provide the following:

- Last three consecutive Year-End Financial Statements
- Year-to-Date Financial Statements (Balance Sheet and Income Statement)
- Last three months bank statements if not a current member of America's Christian CU

Primary Billing Checking Account #: _____

List all accounts subject to ACH activity:

Account Type	Account Number
_____	_____
_____	_____
_____	_____

Administrators

Appointment of Primary Administrators: You hereby appoint, and authorize America’s Christian Credit Union to establish the following persons as Primary Administrator and Administrator, who have maintenance authority over your organization’s User ID and Password, and granting permission to other users to access your organization’s accounts using Cash Management.

Cash Management Primary Admin: _____ Phone #: _____

Title: _____ Email Address: _____

Cash Management Administrator: _____ Phone #: _____

Title: _____ Email Address: _____

FEES

Per Transmission or File (Batch): Free	Per Transaction Origination (Item): \$.08
Monthly CM Service Fee: \$40.00	Return Items: \$5.00
Notification of Change: \$1.00	Annual Nacha Operating Rules & Guidelines: \$40.00
Reversal of File: \$50.00	Cancellation Within 1 Yr of Contract: \$500.00

SIGNATURE

The undersigned hereby certifies that the information is true and complete and is submitted for the purpose of obtaining ACH origination services. The undersigned also confirms they are authorized to act on behalf of the company. America’s Christian Credit Union is hereby authorized to obtain required information concerning provided statements which shall remain the property of America’s Christian Credit Union.

Print Name

Signature of a Corporate Resolution Signer

Date: _____

FOR INSTITUTION USE

Approved ACH Limit Per Transaction \$: Debits: _____

Credits: _____

Approved ACH Limit Per Day \$: Debits: _____

Credits: _____

Approved ACH Limit Per Month \$: Debits: _____

Credits: _____

Supervisor’s Signature

Date

