



## ACH Origination Application

APPLICANT INFORMATION

Date of Application: \_\_\_\_\_

Company: \_\_\_\_\_

TaxID: \_\_\_\_\_

EIN

SSN

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: **GA** Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
*(if different from above)*

Fax: \_\_\_\_\_

City: \_\_\_\_\_ State: **GA** Zip: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Number of Years in Operation: \_\_\_\_\_ Under Present Management Since: \_\_\_\_\_

Financial Institution Where Current or Most Recent Account Resides: \_\_\_\_\_

Collateral Offered (explain in detail):

Guaranty Offered:

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

ACH ACTIVITY

Requested ACH Limit: \$ \_\_\_\_\_

Frequency:  Daily  Weekly  Bi-Monthly  Monthly  Other \_\_\_\_\_

Anticipated Number of Files per Month: \_\_\_\_\_ Anticipated Total Amount per Month: \$ \_\_\_\_\_

Types of Transactions:  Business to Business  Business to Personal

How does your customer authorize payments?  In Writing  Website  Telephone  Other \_\_\_\_\_

Software used to create ACH Files: \_\_\_\_\_

OTHER ACCOUNTS

List all accounts subject to ACH activity (e.g. checking, savings, loans):

Account Type	Account Number	Average Balance
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	

PRIMARY CONTACT

Primary Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ SSN: \_\_\_\_\_

City: \_\_\_\_\_ State: **GA** Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Fax: \_\_\_\_\_

Guarantor?  Yes  No

City Born in: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

SECONDARY CONTACT

Secondary Contact \_\_\_\_\_ Title: \_\_\_\_\_

Name: Mailing \_\_\_\_\_ SSN: \_\_\_\_\_

Address: City: \_\_\_\_\_ State: **GA** Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Fax: \_\_\_\_\_

Guarantor?  Yes  No

City Born in: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

CREDIT REFERENCES

Contact Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Company Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: **GA** Zip: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Company Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: **GA** Zip: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Company Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: **GA** Zip: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Company Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: **GA** Zip: \_\_\_\_\_

SIGNATURE

The undersigned hereby certifies that the information provided 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.

**Legacy State Bank** \_\_\_\_\_ is hereby authorized to obtain required information concerning provided statements which shall remain the property of **Legacy State Bank** \_\_\_\_\_.

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Per the ACH Origination Policy, **Legacy State Bank** \_\_\_\_\_ may require up to

Three fiscal financial statements and an interim financial statement. No application will be considered unless required information is submitted.

FOR INSTITUTION USE

Creditor	Account Number	Start Date	Start Balance	Current Balance
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Date of Credit Bureau Report: \_\_\_\_\_ Date of Latest Tax Returns: \_\_\_\_\_ Date of Latest F/S and P/L: \_\_\_\_\_

DISPOSITION

Risk:  Low  Medium  High

Guarantor?  Yes  No

Prefunding Required?  Yes  No

Approved  Declined

Approved By: \_\_\_\_\_ Print Name: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

NOTES