

New Existing*

Entity Name	Account Number

COMPANY ADMINISTRATOR (The member or person who will have administration responsibilities in the Online Cash Management Platform of Business Banking)

Name of Administrator	Title

Office Phone	Cell Phone	Email Address

 Preferred: Office Cell

*If existing, service change requested:

SERVICES REQUESTED:
Authorized Access:
 BASIC

Fraud Prevention:

<input type="checkbox"/> ACH DEBIT BLOCKER	Default Decision: _____ Suffix: _____
<input type="checkbox"/> ACH CREDIT FRAUD FILTER	Default Decision: _____ Suffix: _____
<input type="checkbox"/> CHECK POSITIVE PAY	Default Decision: _____ Suffix: _____

Sending and Receiving Funds: (Requires approval)

<input type="checkbox"/> ACH Credit (Sending Funds)	Daily Limit: _____ Billing Suffix: _____
<input type="checkbox"/> ACH Debit (Collecting Funds)	Daily Limit: _____ Billing Suffix: _____
<input type="checkbox"/> WIRES (Sending Only)	Daily Limit: _____ Billing Suffix: _____
<input type="checkbox"/> REMOTE DEPOSIT CAPTURE	Daily Limit: _____ Billing Suffix: _____

Signature Date

Print Name

Title:

- | | | |
|------------------------------------|---|--|
| <input type="checkbox"/> President | <input type="checkbox"/> Member | <input type="checkbox"/> Trustee |
| <input type="checkbox"/> Secretary | <input type="checkbox"/> Executive Director | <input type="checkbox"/> General Partner |
| <input type="checkbox"/> Manager | <input type="checkbox"/> Sole Proprietor | |

Phone Number Email Address

You authorize the Credit Union to obtain credit reports in connection with this application. You understand that the Credit Union will rely on the information in this application and your credit report to make its decision.