

Cash Management & Remote Deposit Application

Company Information: (ple	ase provide all requested infor	mation)				
New Existing*						
Entity Name:						
Entity Tax ID:						
Address:						
City:	State:		Zip Code:			
Company Administrator: The member or person who will I	nave administration responsibilities in	the Online Cash Manag	gement Platform of	Business Bank	ing.	
Name of Administrator:			_ Title:			
Office Phone: ()	Cell Phone: (_)	Preferred	I:Office	Cell	
Email Address:						
Sole Proprietorship	Limited Liability Compa	ny Partnersł	hip Trus	t		
Corporation (For Profit) Corporation (Not For Profit) Organization A				OLTA		
Services Requested:	eporting, Book Transfers, User Privilege set-				iests).	
ACH (Requires approval)	CREDIT LIMIT REQU	Jesting D	DEBIT LIMIT REQUESTING			
WIRES (Requires approval)		LIM	IIT REQUESTING:			
REMOTE DEPOSIT CAPT	JRE (Requires approval)	LIM	IIT REQUESTING:			
	Main Account Number	Billing Accoun	t Suffix			
Authorized Signature:		Date:				
Print Name:		Title:				
Contact Phone Number:						

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.