



CUSTOMER

Company Name _____ Tax ID _____ EIN SSN

Mailing Address _____ Phone _____ Fax _____

City _____ State _____ Zip _____ Branch _____

Type of Business _____ Number of Years in Operation _____ Under Present Management Since _____

ACH ORIGINATION SERVICES

Indicate Type(s) of ACH Origination Services

Payroll Direct Deposit *Send electronic credits to employees* FSBB Online Banking Cash Management (provided by Bank)

Federal/State Tax Payments *Remit Federal and State of Texas tax payments electronically. A Tax Template Request Form is also available.*

Federal Add Delete Tax Type(s)

State of Texas Add Delete

ACH Payments/Credits *Send funds to other accounts*

Provide Details _____

ACH Receipts/Debits *Initiate from clients' accounts into your account*

Provide Details _____

ACH ACTIVITY SURVEY

Indicate ACH Activity (check all responses that apply, if applicable)

Requested Total Daily ACH Limit \$ _____ Processing Frequency Daily Weekly Bi-Weekly Monthly Other

Average Entry Amount (An Entry is an Individual Transaction, e.g. Payment or Payroll Item) \$ _____ Number of Files (per month) _____

Average File Amount (A File is the Total of the Entries (Credit or Debit) \$ _____ Total Amount (per month) \$ _____

Indicated all types of transactions used: Business to Business Account Business to Personal Account Personal to Business Account

How does your customer authorize payments? Written authorization on file Website/Telephone Other _____

Will you generate a NACHA formatted file? Yes No

Do you obtain a voided check/deposit slip? Yes No

ACCOUNTS

List all accounts subject o ACH activity

Account Number	Account Name	Account Type
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PRIMARY CONTACT

Primary Contact Name _____ SSN _____ Title _____
Mailing Address _____ Phone _____ Fax _____
City _____ State _____ Zip _____ Mother's Maiden Name _____
Email Address _____ City Born In _____ DOB _____
Relationship to Entity: _____

SECONDARY CONTACT

Secondary Contact Name _____ SSN _____ Title _____
Mailing Address _____ Phone _____ Fax _____
City _____ State _____ Zip _____ Mother's Maiden Name _____
Email Address _____ City Born In _____ DOB _____
Relationship to Entity: _____

SIGNATURE

I, the undersigned, do hereby acknowledge that I am authorized under the company/entity's Electronic Banking Resolution to act on behalf of this company, group, association or organization. In addition, I acknowledge receipt of and agree to the terms and conditions set forth in the ACH Origination Agreement.

Authorized Signature _____ Printed name _____ Title _____ Date _____

Bank Use Only

ACCOUNT

Deposit Activity

Primary Account Number _____ YTD Paid NSF _____ YTD Returned NST _____ YTD Avg. Bal _____
Customer Number _____ Account(s) Since _____

Loan Activity

Aggregate Exposure _____ Date Last Financial Review _____
Exposure Description _____

Required Documents

Business Online Banking Agreement Electronic Banking Resolution

APPROVAL

Aggregate Risk Rating

1 - Limited Risk 2 - Moderate Risk 3 - Acceptable Risk 4 - Second Signature Required 5 - Decline

Approved ACH Limit \$ _____ Date Next Financial Review _____

Approved By: _____ Date _____

Print Name: _____ Title _____