

ACH Validation Form

Email to ACHFAX@nbhbank.com or fax to 855-201-0679

Originator Com	bany Name:	
Transmit Date:		
Time:		
Effective (start)	Date:	
File Name:		
File Type		
Debit	File Amount \$	
Credit	File Amount \$	
Number of Item	S:	
Authorized Company User		(Print Name)
		(Phone)
		(Email)

CREDIT files must be transmitted, and the validation form submitted to Bank Midwest, no later than **4PM** CST at least <u>TWO days prior to the effective date of the file</u>.

DEBIT files must be transmitted, and the validation form submitted to Bank Midwest, no later than **3PM** CST at least <u>one day prior to the effective date of the file</u>.

Treasury Management Client Services Hotline: 1-877-936-2418