



ACH Origination Application

Thank you for choosing Landmark Credit Union for your financial needs.

TYPE OF ORGANIZATION

Sole Proprietorship
 Limited Partnership
 Limited Liability Company
 Non-Profit
 General Partnership
 Limited Liability Partnership
 Other _____
 Corporation

Name of Business _____ Tax ID #: _____

Street Address _____ Telephone #: _____ FAX #: _____

City _____ County _____ State _____ Zip _____

Focus of Business _____

Date Business Established _____ Number of Employees _____

Primary Contact _____ Title _____

E-mail _____ Telephone # _____ Fax # _____

Origination Contact _____ Title _____

E-mail _____ Telephone # _____ Fax # _____

List below the Names of the Owners and/or Officers

<u>Name</u>	<u>Title</u>

ANTICIPATED TRANSACTION SUMMARY

Type of ACH Origination desired: Direct Deposit Automatic Payments Prenotes Desired

Brief description of transactions to be originated (payroll, dues, retail, etc.) _____

Estimated dollar amount of Origination per file \$ _____ Settlement Account # _____

Estimated number of transactions per file _____ Frequency _____

Type of File: NACHA formatted (preferred) MS Excel template LMT Other _____

CREDIT UNION RELATIONSHIP

New Member Existing Member: Account Number(s) _____

Satisfactory Account: Yes No; Extent _____

Number of NSF's (last 3 months) _____

Average Deposit Balance (last 3 months) \$ _____

Current Loan Balances \$ _____

Comments (reputation, management integrity, indication of financial difficulties, special requirements, etc.): _____

Application prepared by: _____ Date: _____

APPLICATION CONCLUSION

Approved

Prefunding Required: Yes No

Per file exposure limit: \$ _____ Per _____ period file exposure limit: \$ _____

Special Instructions: _____

Denied

Reason: _____

By: _____
(Signature) Date

(Printed name)

VP of Business Lending _____
(Signature) Date