

Third Party Sender Questionnaire

Definition of Third Party Sender: A Third-Party Service Provider that is NOT an Originator and that has authorized an Originating Depository Financial Institution (ODFI) or another Third-Party Sender to transmit, for the account of the Third-Party Sender or another Third-Party Sender, a credit entry to the account of a Receiver with an Receiving Depository Financial Institution (RDFI) in order to effect a payment from the Originator to the Receiver, or a debit entry to the Receiver's transaction account or general ledger account with an RDFI in order to effect a payment from the Receiver to the Originator.

COMPANY INFORMATION:

Legally Registered Company Name _____ Date Established _____
Trade or DBA Name _____ State Established _____
Physical Street Address (No PO Box) _____ City _____ State _____ Zip _____
Primary Contact _____ Phone (____) _____ Fax (____) _____
Federal Tax ID # _____ Dun & Bradstreet Number (DUNS) # _____

List, name and provide the principal residential address of each holder of capital certificates in the organization.

Name	Address/City/State/Zip	Number of Shares

Please list all current bank relationships, including contact information for reference.

Bank Name	Contact Name	Contact Phone Number

Please describe the services provided by your firm to your clients (a/k/a ACH Originators).

Please describe your firm's credit policies for approving new clients (a/k/a ACH Originators).

Will you execute an agreement with each of your clients binding them to NACHA Rules? ☐ Yes ☐ No (if no, please describe)

Please describe your firm's procedures for complying with "know your customer" regulations.

Please describe your firm's fraud control procedures

Are you requesting to settle all ACH transactions to a checking account title in:

- the name of your firm ☐ Yes OR to settle to the checking accounts of your clients (a/k/a ACH Originators)? ☐ Yes

What ACH Debit and ACH Credit limits are needed to support operations over the next twelve months?

ACH Debits	Average File Amount \$ _____	Peak File Amount \$ _____	Frequency of Origination <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Bi Weekly <input type="checkbox"/> Other
ACH Credits	Average File Amount \$ _____	Peak File Amount \$ _____	Frequency of Origination <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Bi Weekly <input type="checkbox"/> Other

Which SEC Codes do you plan to originate (check all that apply)

Code	√	Expected Return Rate Percentage (all reasons)	Code	√	Expected Return Rate Percentage (all reasons)
PPD			POP		
CCD			ARC		
WEB			RCK		
TEL			BOC		
IAT			CTX		

What percentage of ACH debits are returned for "R07" (authorization revoked by customer) or "R10" (Customer advises not authorized)?

Code	%	\$	# items
R07			
R10			

Regarding ACH debit returns, what is the percentage that is received from the RDFI within the following time frames?

Time Frame	% returned
1-2 Days	
3-4 Days	
5-6 Days	
7-8 Days	
8+ Days	

Are you willing to pre-fund ACH Credit Files? ☐ Yes

Are you willing to delay availability of ACH Debit File proceeds? ☐ Yes

Describe your policies and procedures used to minimize returns:

Do you prepare ACH files on behalf of clients (a/ka/ Originators) in any of the following industries? If so, please check the appropriate box(es).

900 Number Telephone Services	<input type="checkbox"/>	Chat Lines	<input type="checkbox"/>
Bankruptcy Lawyers	<input type="checkbox"/>	Buyers Clubs	<input type="checkbox"/>
Coin Dealers	<input type="checkbox"/>	Collection Agencies	<input type="checkbox"/>
Collection agencies.	<input type="checkbox"/>	Telemarketing.	<input type="checkbox"/>
Consulting Firms Specializing in Credit Repair/Refinancing	<input type="checkbox"/>	Cosmetic Direct Sales	<input type="checkbox"/>
Credit Card Protection Services	<input type="checkbox"/>	Currency Exchanges	<input type="checkbox"/>
Dating Services	<input type="checkbox"/>	Diet Clubs/Marketers	<input type="checkbox"/>
Door-to-Door Sales	<input type="checkbox"/>	Adult Entertainment Establishments	<input type="checkbox"/>
Gaming Establishments	<input type="checkbox"/>		<input type="checkbox"/>
Health clubs	<input type="checkbox"/>	Pure "dot.com" companies (i.e. no brick & mortar presence)	<input type="checkbox"/>
Inbound and Outbound Telemarketing Services	<input type="checkbox"/>	Investor Clubs or Services	<input type="checkbox"/>
Limousine Companies	<input type="checkbox"/>	Lotteries	<input type="checkbox"/>
Magazine Distributors	<input type="checkbox"/>	Massage Parlors	<input type="checkbox"/>
Mortgage Brokers	<input type="checkbox"/>	Multi-level marketing companies	<input type="checkbox"/>
Pay day lenders.	<input type="checkbox"/>	Third party ACH processors/payroll companies/service bureaus/PEO.	<input type="checkbox"/>
Pay Phone Operators	<input type="checkbox"/>	Give Away and Get Rich Quick Schemes	<input type="checkbox"/>
Seminars	<input type="checkbox"/>	Solar Heating Products	<input type="checkbox"/>
Ticket Sales	<input type="checkbox"/>	Travel Agencies/Travel Clubs	<input type="checkbox"/>
Used Car Dealers	<input type="checkbox"/>	Vacation Time Shares	<input type="checkbox"/>
Vitamin Sales	<input type="checkbox"/>	Water Purification Businesses	<input type="checkbox"/>
Wire Transfer/Money Order	<input type="checkbox"/>		<input type="checkbox"/>
Wire transfer/money orders/money service business.	<input type="checkbox"/>	Credit counseling agencies/centers.	<input type="checkbox"/>

Are your employees bonded?

Directors: Yes ☐ No ☐ \$ Limits _____ Officers: Yes ☐ No ☐ \$ Limits _____ Counselors: Yes ☐ No ☐ \$ Limits _____

Attachments (Required):

- Last two year's audited Financial Statements or Federal Tax Returns.
- Interim Financial Statements and/or projections as applicable.
- Sample agreement with Originator.
- Biographies of key managers and board members

Also, please provide the following information for each client you are initiating ACH transactions on behalf of (Required):

- Legally Registered Company Name (Originator)
- Taxpayer Identification Number
- Principal Business Activity
- Geographic Location

I certify the foregoing to be true and accurate to the best of my knowledge.

Signature of CEO or CFO _____

Printed Name _____

Title _____

Date _____