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ACH ORIGATION/WIRE TRANSFER APPLICATION

APPLICANT INFORMATION

Date of Application: _____

Company: _____ Tax ID: _____
 EIN SSN

Business Entity Structure:

Sole Proprietorship/DBA Limited Liability Partnership
 Corporation Other _____

Physical Address: _____

City: _____ State: _____ Zip: _____ Telephone: _____

Mailing Address (if different from above): _____

City: _____ State: _____ Zip: _____ Fax: _____

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

Financial Institution Where Current or Most Recent Account Resides: _____

ACH ACTIVITY

Requested ACH/Wire Transfer Limit: \$ _____

Frequency: Daily Weekly Bi-Monthly Monthly Other _____

Anticipated # of Files per Month: _____ Average # of Items per File: _____ Anticipated Total Amount per Month: \$ _____

Types of Transactions: Business to Business Business to Personal Personal to Business

How does your customer authorize payments? In Writing Website Telephone Other _____

Software Used to Create ACH Files: _____

ACCOUNTS

	Account Type (e.g. checking, savings, loans)	Account Number
Account(s) to Fund ACH Origination: _____		

Other Account(s) at SAC FCU: _____		

PRIMARY CONTACT

Primary Contact Name: _____

Title: _____

Mailing Address: _____

SSN: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Email Address: _____

Fax: _____

Guarantor? Yes No Date of Birth: _____

City Born: _____

SECONDARY CONTACT

Secondary Contact Name: _____

Title: _____

Mailing Address: _____

SSN: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Email Address: _____

Fax: _____

Guarantor? Yes No Date of Birth: _____

City Born: _____

CREDIT REFERENCES

If relationship with SAC Federal Credit Union is less than one (1) year, please provide two (2) additional credit references:

Contact Name: _____

Telephone: _____

Company Name: _____

Relationship: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email: _____

CREDIT REFERENCES

Contact Name: _____

Telephone: _____

Company Name: _____

Relationship: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email: _____

SIGNATURE

The undersigned hereby certifies that the information provided is true and complete and is submitted for the purpose of obtaining ACH Origination/Wire Transfer services. The undersigned also confirms they are authorized to act on behalf of the company named on this application.

Signature: _____ Print Name: _____

Title: _____ Date: _____

In certain circumstances, additional documentation may be required for approval of ACH Origination and Wire Transfer requests, including, but not limited to, Business Financial Statements and/or Tax Returns.

FOR INSTITUTION USE

Creditor Account Number Start Date Start Balance Current Balance

Date of Credit Bureau Report: _____ Date of Latest Tax Returns: _____ Date of Latest F/S and P/L: _____

DISPOSITION

Risk: Low Medium High

Guarantor? Yes No

Prefunding Required? Yes No

Approved Declined

Approved By: _____ Print Name: _____

Title: _____ Date: _____

NOTES