

First Commercial Bank, N.A. *E-zACH Application*

| | |
|------------------------------------|-------------|
| Company: | |
| Address: | |
| Business Phone: | Fax: |
| Type of Business: | |
| Primary ACH Contact Person: | |

Transaction Information Interests:

Cash Concentration or Disbursements (CCD) – Businesses can originate ACH debits or credits where funds are either distributed or consolidated between corporate entities. This replaces using wire transfers and checks to move funds from bank to bank or between corporate trading partners.

Direct Deposit is a credit application that transfers funds into a consumer's account at the receiving bank. The funds being deposited can represent a variety of products, such as payroll, interest, pension, and dividends.

Preauthorized Bill Payment is a debit application that, through standing authorizations, your customer grants the company authority to initiate periodic charges to their account as bills become due. The funds being withdrawn can represent insurance premiums, dues, or service fees.

Estimated dollar value of transactions (per file): Debits: Credits:

Estimated maximum \$ amt of individual items in file \$

Estimated max # of items in file

Account Information:

| | |
|---------------------|--|
| Checking Account #: | |
| Savings Account #: | |
| Other: | |

The undersigned hereby certify that the information given in the foregoing statement is true and complete and is submitted for the purpose of obtaining ACH origination services. You are hereby authorized to obtain such information as you may require concerning foregoing statements including credit report(s) which shall at all times remain the property of First Commercial Bank, N.A.

Signatures of authorized representative of the applicant:

| Name | Title | Signature |
|------|-------|-----------|
| | | |

FOR BANK USE ONLY

Required Financial Information

Date Credit Bureau Report: _____

Date Latest Tax Returns: _____

Date of Latest Financial Statements: _____

Approving Bank Officer (Init.): _____ Date: _____

Risk Allocation Assignment:

(Credit Officer- Circle Customer Classification- more than one classification can be circled if both Debit and Credit files are submitted)

| Customer Class [1 (low) - 4 (high) risk] | Debit Files % For Days | Credit Files % For Days |
|---|---|--|
| 1 | 0 / 90 | 0 / 2 |
| 2 | 2 / 90 | 100 / 2 |
| 3 | 10 / 90 | 100 / 2 |
| 4 | 20 / 90 | Prefund |

Authorized Maximum Exposure Amount: \$ _____

Optional:

Authorized Maximum Item in File: \$ _____