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ACH Application – Credits/Deposits

This application along with the required supporting documentation will not be accepted via fax. Application must be submitted via US Mail. All information provided by the applicant is considered and treated as confidential and used for the sole purpose of the application approval process.

Company Legal Name: _____
Address: _____
City, State, Zip: _____
Main Company Phone: _____
Contact Name & Title: _____
Email Address: _____
Website: _____
Entity: Corp. Partnership Proprietorship LLC

dba Name: _____
Service Address: _____
City, State, Zip: _____
Company Fax: _____
Contact Phone: _____
NAICS: _____ Yrs. In Business: _____
ACH Software: _____
Federal Tax ID Number: _____

Officer/Owner/Partner/Member (percentages listed below must total 100%)

a) Name: _____
Title: _____ DOB: _____ SSN: _____
Residence: _____
City: _____ State: _____ Phone: _____
Percentage Ownership in Business: _____ %

b) Name: _____
Title: _____ DOB: _____ SSN: _____
Residence: _____
City: _____ State: _____ Phone: _____
Percentage Ownership in Business: _____ %

c) Name: _____
Title: _____ DOB: _____ SSN: _____
Residence: _____
City: _____ State: _____ Phone: _____
Percentage Ownership in Business: _____ %

d) Name: _____
Title: _____ DOB: _____ SSN: _____
Residence: _____
City: _____ State: _____ Phone: _____
Percentage Ownership in Business: _____ %

Financial Institution (the account must be designated as a corporate/company account)

Name on Bank Account: _____
Bank Contact: _____
Address: _____ Phone: _____
City: _____ State: _____ Zip: _____
Revolving Line of Credit (Y/N) ___ Max Amount \$ _____

Bank Name: _____
Routing Number: _____
Account Number: _____
Type of Account: dda sav
Outstanding Bal. \$ _____ Maturity Date: _____

Required Attachments

- All of the following items MUST be submitted with this form for processing of your application:
- _____ 1. Copy of the last 2 months business bank account statements (or personal if business is unavailable).
 - _____ 2. A voided check of the business deposit account, with the business name pre-printed on the check (a personal account is NOT acceptable).
 - _____ 3. Copies of your planned forms for your customer's ACH authorization signature, if other than Intercept's (this may include a written authorization, web screen prints, voice recording/telephone script, etc.)
 - _____ 4. Two years audited financial statements (including balance sheet and income statement) and/or last two years tax returns of the company. If most recent return is on extension, please provide evidence of such. If company is newly formed and tax returns are unavailable, personal returns of the owner(s) are required.
 - _____ 5. Photo copy of valid Driver's License of Officer/Owner/Partner/Member applicant(s).
 - _____ 6. Copy of Certificate of Incorporation, Articles of Incorporation/Organization and Bylaws, if applicable.
 - _____ 7. Completed Authorized Individuals form.

Background Information

Please answer ALL of the numbered questions below. Unanswered questions will cause a delay in the processing of your application.

1. Is your company currently processing ACH with another company other than InterceptEFT? Yes No If yes, please provide:
Name of Processor: _____ Contact Name at Processor: _____
Reason for Leaving: _____
2. Has your company ever been declined by another ACH processor? Yes No If yes, please provide the following:
Name of ACH Processor: _____ Date of Decline: _____
Reason for Decline: _____
3. Within the past 7 years have you, the Company, other officer of the Company, any owner of the Company or any other Company you have been associated with ever filed bankruptcy? Yes No If yes, please provide the following:
Name of Entity which Filed Bankruptcy: _____
State in which the Bankruptcy was Filed: _____ Date of Filing: _____
4. Have you, the Company, or any other officer of the Company ever been investigated by a state or federal agency? Yes No
If yes, please provide the following:
Agency Investigating: _____ Date: _____
Nature of Investigation: _____
Result of Investigation: _____
5. Are you, the Company, or any other officer of the Company currently a party to a lawsuit? Yes No If yes, please provide:
Parties Named in the Lawsuit: _____
Date of Lawsuit: _____
6. Are there any judgments of record against you, the Company, or any other officer of the Company: Yes No If yes, please provide:
Date of Judgment: _____ Amount of Judgment: _____
Judgment in Favor of Whom: _____
7. Have you, the Company, or any other officer of the Company ever been convicted of a crime other than one involving a motor vehicle?
 Yes No If yes, please provide the following:
Nature of Crime: _____

Transaction Information

Please provide the type of transactions below for which you are applying: (all options may not be available dependent on your ACH software) Please provide estimated transaction information for each type of transaction for which you are applying.

*This will be the company's account information that you would like associated with these specific transactions.

Direct Deposit

Number of Clients: _____
Daily Transaction Volume No.: _____
Monthly Transaction Volume No.: _____
Average Single Transaction \$ _____
Monthly Transaction Amount \$ _____

Billing

Daily Transaction Volume No.: _____
Monthly Transaction Volume No.: _____
Average Single Transaction \$ _____
Monthly Transaction Amount \$ _____
Routing Number*: _____
Account Number*: _____

Tax Payment

Daily Transaction Volume No.: _____
Monthly Transaction Volume No.: _____
Average Single Transaction \$ _____
Monthly Transaction Amount \$ _____

Tax Impound

Daily Transaction Volume No.: _____
Monthly Transaction Volume No.: _____
Average Single Transaction \$ _____
Monthly Transaction Amount \$ _____
Routing Number*: _____
Account Number*: _____

Vendor Payment

Daily Transaction Volume No.: _____
Monthly Transaction Volume No.: _____
Average Single Transaction \$ _____
Monthly Transaction Amount \$ _____

Net Pay Impound

Daily Transaction Volume No.: _____
Monthly Transaction Volume No.: _____
Average Single Transaction \$ _____
Monthly Transaction Amount \$ _____
Routing Number*: _____
Account Number*: _____

Transaction Information (continued)

Will you be processing direct deposit for your firm's employees? Yes No

If yes, please choose: 3 day processing 4 day processing

Acknowledgement/Signature

By signing below, you acknowledge that you have read and understand each of the following terms and conditions:

- The usual funds availability period is four business days and a shorter funding period is subject to credit approval.
- All funds to be transferred must be collaterally funded and fully guaranteed.
- Exclusion of any of the above requested items required for consideration of my application may delay or void processing of my application and I have attached a written statement of reasons for any exclusion.
- The company is legally responsible for obtaining written authorization from the customer to process an EFT as per Federal Regulation E.
- An EFT will be returned promptly to a customer who is protesting the transaction, and I will not knowingly attempt to conduct an EFT after stop-payment, or revocation of a payment to my business is ordered or for an amount included in a bankruptcy filing.
- Company acknowledges that the information in this application is true, accurate and complete.

Company authorizes InterceptEFT, and/or its agents, to obtain any additional information from third parties including, but not limited to, banks, financial institutions, credit bureaus, federal or state agencies, including other financial information, credit reports, criminal records, criminal history, and bankruptcy reports which may be necessary to act on or verify the supplied information. Company acknowledges that it may be asked to supply additional information.

Officer/Owner/Partner/Member

Signature: _____ Title: _____

Name (printed): _____ Date: _____