ACH LIMIT APPLICATION

ACH INFORMATION

Total ACH Requested:

For CU Use Only: Est Limit:

Application for:

PAYROLL / ACH PAYMENTS

Member #:

Member Since Date:

Business Tax ID:

Number of Years in Business:

COMPANY INFORMATION

Legal Name (name filed with Secretary of State):

Company (or DBA name):

Location Address: Street, City, State, Zip

Mailing Address (if different): Street, City, State, Zip

Business Phone Number:

Business Cell Number:

Business Fax Number:

Describe Type of Business:

Current Owner:

Since (MM/YY):

Number of Owners:

Describe Your Product/Service:

Industry Category:

☐ Manufacturing ☐ Wholesale ☐ Retail ☐ Service ☐ Other

OWNER INFORMATION

Complete Owner Information for each owner.

Make additional copies of this form as needed.

First Owner Name:

Percent Ownership:

Social Security Number:

Home Address: Street, City, State, Zip

Second Owner Name:

Percent Ownership:

Social Security Number:

Home Address: Street, City, State, Zip

Third Owner Name:

Percent Ownership:

Social Security Number:

Home Address: Street, City, State, Zip

By signing below I certify that I am authorized to submit this application on behalf of the Company named above and that all information provided in connection with this application is true, correct, and complete. I authorize First Community Credit Union to obtain business and personal credit bureau reports in the name of the Company and any guarantor(s) to be used for the purpose of evaluating this application. I understand that First Community Credit Union may require the submission of current financial information in the name of the Company and other additional information to be used for the purpose of evaluating this application.

First Owner Signature

Date

Second Owner Signature

Date

APPROVAL BY FCCU STAFF - Route to IT

Approved by:

☐ Business Underwriting (provide Financials)

☐ Delegated Authority (provide XP2 Docs)

☐ 50% of 90Day Avg Coll Bal

☐ 5% Current Approved Exposure

BSA Initials:

Risk Rating Score:

Approved ACH Limit:

Underwriting Initials:

For Underwriting approval attach business and personal financials as requested in Guidelines.
For Delegated approval attach screen print(s) from XP2 showing current Member relationship in support of delegated authority Guidelines.