

P.O. BOX 6048 DEARBORN, MICHIGAN 48121 PH 888.336.2700 dfcufinancial.com

ACH Origination Application

Member Number / Organization Number:

Business Information										
Member/Organization Name			DBA/Assumed Name				E	EIN/TIN		
Danis and Address			O'te			lor-r-		l		
Business Address		City State					Zip			
Type of Business			Checking Acct # to Debit Fees Number of Years in Operatio				on Under Present Management Since			
								, and the second		
Do you currently use ACH Services?										
ACH Origination Services										
Software used to create file: DFCU OnLine Other:										
Will you generate NACHA formatted files?										
If you process ACH Credits, how does your customer authorize payments?										
Do you obtain a voi	ded check / d	deposit sli	p? ∐ Yes [No						
ACH Activity (fill in all that apply)										
Transaction Type	1	#/Day	#/Month	Amt/Trans	Amt/Acct/Day	Amt/Day	Amt/Month	Frequency	SEC Code	
ACH Payroll	mraodabay	m/Day	m/month.	/and runs	American	Ameday	Amonona	requeries	020 0000	
ACH Single Pmts										
EFTPS (Tax Pmts)										
ACH Payments										
ACH Collections										
ACH Single Receipts										
ACH Pass Thru*										
*ACH Pass Thru allow	s all SEC Coo	les except l	IAT. IAT cannot	be processed thro	ough DFCU Fina	ancial.	•	1	1	
Transaction Type Description										
			numerous recipients at the same time through ACH Batch payment.							
			a single recipient through the Automated Clearing House (ACH) system.							
EFTPS (Tax Pmts)			a Federal, state, or local tax authority using the Electronic Federal Tax Payment System (EFTPS).							
ACH Payments	Sen	d funds to r	multiple recipients through the ACH.							
ACH Collections	Coll	ect funds fr	rom multiple recipients through the ACH.							
ACH Single Receipts Collect funds fr			rom a single recipient through the ACH.							
ACH Pass Thru* Upload a comp			olex NACHA-format file that includes multiple ACH batches.							
Requested Ac	iareaste	l imits								
Requested Aggregate Limits Aggregate ACH Collections and ACH Single Receipt limit per day (credit) \$										
Aggregate EFTPS (Tax), Payroll, ACH Payments, and ACH Single Payment limit per day (debit)								\$		
Aggregate ACH Collections and ACH Single Receipt limit per month (credit)								\$		
Aggregate EFTPS (Tax), Payroll, ACH Payments, and ACH Single Payment limit per month (debit)								\$		
NOTE: If the requested aggregate limit is below \$50,000 provide three (2) months of book statements. If the requested aggregate limit is \$50,000 or over provide three (2)										

NOTE: If the requested aggregate limit is below \$50,000, provide three (3) months of bank statements. If the requested aggregate limit is \$50,000 or over, provide three (3) months of bank statements plus one (1) year of business financial statements (Balance Sheet and Income Statement).

Primary Contact (DFCU OnLine Administrator) Primary Contact Name (DFCU OnLine Administrator) Mailing Address City State Zip **Business Phone** Cell Phone Business E-mail Address Personal E-mail Address Fax **Business Title** Percentage of Ownership Do you have other users that can access DFCU OnLine? Yes No If yes, complete the DFCU OnLine ACH Approvers section below. **DFCU OnLine ACH Approvers** - List only users who have ACH approval rights in DFCU OnLine DFCU OnLine ACH Approver Name 4 DFCU OnLine ACH Approver Name 1 DFCU OnLine ACH Approver Name 2 DFCU OnLine ACH Approver Name 5 DFCU OnLine ACH Approver Name 3 DFCU OnLine ACH Approver Name 6 Authorization I, the undersigned, do hereby acknowledge that I am authorized under the resolution to act on behalf of this Company or Organization. In addition, I acknowledge receipt of and agree to the terms and conditions set forth in the ACH Origination Agreement. I certify the above and that the statements contained in the attachments are true and accurate as of the date indicated below and that such statements are submitted for the purpose of obtaining ACH origination services. I authorize DFCU Financial to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness. I further authorize DFCU Financial to obtain business and personal credit bureau reports in the name of the Company and owner(s) at any time. **DFCU OnLine Administrator Printed Name DFCU OnLine Administrator Signature** Date Verified By

Branch