ACH Processing Application

**Must Be Typed** – Complete and Save In Word Format – Email Back In Word Format

# 1. Business Information

| Date |  | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Agent Name |  | | | | | | | |
| Business Name \* |  | | | | | | | |
| DBA (if different) |  | | | | | | | |
| Company Type \* | Partnership |  | C-corp |  | S-corp |  | LLC |  |
| Street Address \* |  | | | | | | | |
| City / State / ZIP \* |  | | | | | | | |
| Country \* |  | | | | | | | |
| Business Phone \* |  | | | | | | | |
| Cell Phone \* |  | | | | | | | |
| Email \* |  | | | | | | | |
| Website |  | | | | | | | |
| Date Business Started \* |  | | | | | | | |
| Federal Tax ID \* |  | | | | | | | |

# 2. ACH Application Details

| Describe the product/services for which ACH will be used \* |  | | | |
| --- | --- | --- | --- | --- |
| Authorization Type [TEL/WEB/PPD/CCD/IAT] |  | | | |
| Percentage of Business Payments (%) |  | | | |
| Percentage of Personal Payments (%) |  | | | |
| Need Verification Services? | Yes |  | No |  |
| Max Single Transaction Amount |  | | | |
| Max Daily Dollar Amount |  | | | |
| Max Number of Daily Transactions |  | | | |

# 3. Owner/Principal 1

| Full Name \* | | |  | | |
| --- | --- | --- | --- | --- | --- |
| Ownership % | | |  | | |
| Street Address \* | | |  | | |
| City \* |  | State\* |  | ZIP\* |  |
| Country \* | | |  | | |
| Date of Birth \* | | |  | | |
| SSN (1123456789 if you don’t have it) \* | | |  | | |

# 3. Owner/Principal 2

| Full Name \* | | |  | | |
| --- | --- | --- | --- | --- | --- |
| Ownership % | | |  | | |
| Street Address \* | | |  | | |
| City \* |  | State\* |  | ZIP\* |  |
| Country \* | | |  | | |
| Date of Birth \* | | |  | | |
| SSN (1123456789 if you don’t have it) \* | | |  | | |

# 4. Trade & Bank References

| Trade Reference # | Company Name | Contact Person | Phone Number |
| --- | --- | --- | --- |
| 1 |  |  |  |
| 2 |  |  |  |
| Bank Reference # | Bank Name | Contact Person | Phone Number |
| 1 |  |  |  |
| 2 |  |  |  |

# 5. Relevant Business Questions

| Have you received complaints from any consumer protection agency? Tick one | Yes |  | No |  |
| --- | --- | --- | --- | --- |
| If yes, please state the reason |  | | | |
| Have you previously accepted ACH payments? | Yes |  | No |  |
| If Yes, name of processor |  | | | |

# 6. Required Documentation

Please check all that apply or are submitted:

* 3 Months Bank Statements
* 3 Months Processing Statements
* Voided Check or Bank Letter
* Driver’s License or Passport
* Articles of Incorporation
* Relevant Marketing Information (if applicable)
* Complaint or Legal Documentation (if applicable)
* Last 2 Years of Business Tax Returns (if available)
* Copy of Authorization Form (if applicable)
* Post-Checkout Screenshots (if available)