

## Application for ACH Origination Members

(To be completed by VACU business member requesting ACH origination capability)

### Section I – Company Information

Company Name: \_\_\_\_\_ Tax ID: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_  
(If different than above)

Company Telephone Number: \_\_\_\_\_ FAX: \_\_\_\_\_

Primary ACH Contact Name and Title: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ FAX: \_\_\_\_\_

*If applicable:*

Secondary ACH Contact Name and Title: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ FAX: \_\_\_\_\_

*If applicable:*

IT Security Administrator Contact Name and Title: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ FAX: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Check One:  LLC  Corporation  Partnership  Sole Proprietorship  Other \_\_\_\_\_

Date of Incorporation or Organization: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ mm/dd/yyyy

State of Incorporation or Organization: \_\_\_\_\_

Do you have an existing deposit or loan account relationship with VACU?  Yes  No

If Yes, please check any of the following documents which are already on file with VACU:

- Organization Documents (for LLCs)  Corporate Resolution or Partnership Agreement
- Copy of Financial Statements (Signed and Dated)  Prior Year Tax Return Copy (Signed and Dated)
- Credit References

## Section II – ACH Origination Information

Information to ensure compatibility with our Internet-based software program for ACH origination

### Computers:

Number of Computers Accessing ACH software program: \_\_\_\_\_  
Type of Access:  Laptop  Desktop  Other: \_\_\_\_\_  
Operating System:  Windows 7/8  XP  Other: \_\_\_\_\_

### Internet Connectivity:

High-Speed Internet Connection (required):  Yes  
Type:  DSL  Cable  Satellite  Wired  Secured Wireless  
Internet Browser:  Internet Explorer 9.0 or above  Google Chrome (non-scanning)  
 Mozilla Firefox (non-scanning)  Other: \_\_\_\_\_

### Security and Restrictions:

Antivirus Software Installed:  Yes Name: \_\_\_\_\_  
Restrict Access Days to:  Mon  Tues  Wed  Thurs  Fri  Sat  Sun  
Restrict Access Time to: From \_\_\_\_\_ a.m. To \_\_\_\_\_ p.m.  
Restrict Access by IP Range: From \_\_\_\_\_.\_\_\_\_\_.\_\_\_\_\_.\_\_\_\_\_ To \_\_\_\_\_.\_\_\_\_\_.\_\_\_\_\_.\_\_\_\_\_

Will you be creating NACHA-formatted ACH files using your own software program?  Yes\*  No

\* If "Yes", please specify the software \_\_\_\_\_  
*Use of this software is subject to VACU approval*

Please describe the **purpose** of ACH transactions to be originated:

**ACH Credits** for:  Payroll  Disbursements  Tax Payments  Other: \_\_\_\_\_  
 **ACH Debits** for:  Payment Collections  Contributions  Fees  Membership Dues  
 Other: \_\_\_\_\_

Please indicate the **type** of ACH transactions to be originated:

**PPD** (Credits or Debits to Consumer Accounts)  **CCD** (Credits or Debits to Corporate Accounts)  Other: \_\_\_\_\_

Checking Account Number to be used for **Settlement** purposes: \_\_\_\_\_

Checking Account Number to be used for posting of **ACH Fees**: \_\_\_\_\_

Answer the following questions about your ACH activity: (Needed to establish user settings within the ACH Service.)

**Frequency that ACH transactions will be submitted:**

Daily  
 Weekly for transactions to be credited or debited on \_\_\_\_\_  
 Bi-weekly for transactions to be credited or debited on \_\_\_\_\_  
 Monthly for transactions to be credited or debited on \_\_\_\_\_

Other \_\_\_\_\_

The anticipated maximum amount of **any single ACH file** to be submitted **at one time**: \$ \_\_\_\_\_

The anticipated maximum amount of **total ACH files** to be submitted **in any one day**: \$ \_\_\_\_\_

The anticipated maximum amount of **any single ACH transaction**: \$ \_\_\_\_\_

Does your company currently originate ACH transactions?  Yes  No

**If Yes**, average **monthly** activity:

ACH Files: Total # sent \_\_\_\_\_ Dollar volume of ACH files: \$ \_\_\_\_\_

ACH Trans: Total # sent \_\_\_\_\_

ACH Returns: # received back: \_\_\_\_\_ Dollar volume of ACH Returns: \$ \_\_\_\_\_

Do you send Prenotes for new transactions:  Yes  No

**If No**, estimated **monthly** activity:

ACH Files: Est. # sent \_\_\_\_\_ Est. total dollar volume: \$ \_\_\_\_\_

ACH Trans: Est. # sent \_\_\_\_\_

By signing below, you grant permission for VACU to obtain credit information from reporting agencies.

Application Date:    /   /     
mm / dd / yyyy

Signature of Company Official: \_\_\_\_\_

Printed Name and Title: \_\_\_\_\_

FI Use Only:	CIF #: _____ Application: <input type="checkbox"/> Approved <input type="checkbox"/> Denied on __ / __ / __ by _____ <i>Loan Officer</i> <input type="checkbox"/> Approved <input type="checkbox"/> Denied on __ / __ / __ by _____ <i>VP MBS</i>
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