



ONLINE BUSINESS BANKING
ADDITIONAL SERVICES APPLICATION

Settlement Account Number _____

I. GENERAL BUSINESS/ORGANIZATION INFORMATION

(Please print in black ink or type)

Business/Organization Name _____ Email Address _____

DBA Name (for LLCs or Corporations using different DBA name than listed above) _____

Street Address _____ Business Taxpayer Identification Number (SSN/EIN) _____

City _____ State _____ Zip _____ Office Phone (_____) _____

Mailing Address (if different) _____ Date of Organization ____/____/____

What is the primary nature (function) of this business? _____

Business Type (Check only one)

- Input checkboxes for Sole Proprietorship, Partnership, Limited Liability Company, Corporation, Incorporated Non-Profit Organization, and Unincorporated Organization.

Self Certification: By signing below each person certifies that the previous year's Annual Gross Sales for this company is \$ _____, This business/organization has # _____ of employees, and is a (check one) Wholesale, Retail/Service, Construction, or Manufacturing business, or Non-Profit organization.

I.a. Owner(s), General Partner(s), Managing Member(s), or Officer(s) (owners with 20% ownership or more in the Company must be listed.)

1) First Name _____ M.I. _____ Last Name _____ SSN _____ DOB ____/____/____ Phone (____) _____

Residence Address _____ Title _____ Gross Annual Income \$ _____

City _____ State _____ Zip _____ Ownership percentage of this company ____% Years experience in this industry? ____ yrs.

2) First Name _____ M.I. _____ Last Name _____ SSN _____ DOB ____/____/____ Phone (____) _____

Residence Address _____ Title _____ Gross Annual Income \$ _____

City _____ State _____ Zip _____ Ownership percentage of this company ____% Years experience in this industry? ____ yrs.

II. ADMINISTRATOR AUTHORIZATION and ACCEPTANCE

The Company hereby designates the following individual as the company Administrator, as defined and described in the Online Business Banking General Terms and Conditions. The Administrator will be responsible for setting up authorization or terminating all other user access to the service. The Administrator will have complete access for all services authorized for the company by the credit union.

First Name _____ M.I. _____ Last Name _____ SSN _____ DOB ____/____/____ Phone (____) _____

By signing below, the designated Administrator understands and accepts the responsibilities associated with being an Administrator and agrees to comply with the terms of the Online Business Banking Agreement, including provisions for the company to replace the Administrator at will.

Signature of Administrator _____ Date _____

III. ADDITIONAL SERVICES REQUESTED (check all that apply)

- Input checkboxes for ACH Payroll Direct Deposit, Full ACH Origination (Debits/Credits), Domestic Wire Transfer, International Wire Transfer, and Check Re-presentation.

IV. AGREEMENT AND CERTIFICATION

Each person signing below certifies that such person is at least eighteen (18) years of age, and is additionally an owner, shareholder, officer, director, member, manager, or partner of the Company with the authority to bind the Company to the terms of the Online Business Banking Agreement or other similar documents. Each of such persons certifies that the information provided on this application is true and correct and authorizes Mountain America Federal Credit Union ("Credit Union") to obtain business and consumer credit bureau reports about the Company and such person in connection with increases and extensions of processing limits or the review of Company's processing limits.

1) Signature (corresponds to person # 1) _____ Date _____

2) Signature (corresponds to person # 2) _____ Date _____

Settlement Account Number _____

Request for Additional Information

For ACH Payroll Direct Deposit Services:

How often will Company transmit Payroll from the company account?

- Daily, Weekly, Bi-Weekly, Once Monthly, Other (explain) _____.

What is the largest single day aggregate Payroll payment the Company plans to send out from its account? \$ _____.

Please specify the maximum single day Processing Limit requested for this Company \$ _____.

For ACH Origination (Debits/Credits) Services: (not for Payroll!)

Please describe the purpose for which Company requests ACH Origination Services. (What does the company plan to do with the service?)

How often will Company transmit Credits (funds from company account)?

- Daily, Weekly, Bi-Weekly, Once Monthly, Other (explain) _____.

What is the largest single day aggregate Credit transmission dollar amount Company plans to send out from its account? \$ _____.

How often will Company transmit Debits (funds to company account)?

- Daily, Weekly, Bi-Weekly, Once Monthly, Other (explain) _____.

What is the largest single day aggregate debit transmission dollar amount Company plans to bring to its account? \$ _____.

What is the average transaction amount that this Company debits from its customers or members? \$ _____.

How many debit transactions per month does the Company plan to initiate? _____.

Please specify the maximum single day Processing Limits requested for this Company \$ _____ (Credits) \$ _____ (Debits)
The ACH file Processing Limits represent the aggregate amount of the ACH files sent for processing each banking day. This limit is subject to credit review and may require the submission of additional financial information or documents.

For Domestic Wire Transfer Services:

What is the largest single day aggregate wire transmission dollar amount the Company plans to send from its account? \$ _____.

For International Wire Transfer Services:

What is the largest single day aggregate wire transmission dollar amount the Company plans to send from its account? \$ _____.

For Check Re-resentation Services:

What is the average check amount received by the company? \$ _____.

How many non-sufficient funds items are returned to the company each month? _____.

For Third-Party Senders:

Please describe the purpose for which Company requests ACH Origination Services. (What does the company plan to do with the service?)

How many Originators does the Company plan to transmit entries for? _____

How often will Company transmit Credits (funds from Originator accounts)?

- Daily, Weekly, Bi-Weekly, Once Monthly, Other (explain) _____.

What is the largest single day aggregate Credit transmission dollar amount Company plans to send on behalf of Originators? \$ _____.

How often will Company transmit Debits (funds to Originator accounts)?

- Daily, Weekly, Bi-Weekly, Once Monthly, Other (explain) _____.

What is the largest single day aggregate debit transmission dollar amount Company plans to initiate? \$ _____.

Please specify the maximum single day Processing Limits requested by this Company \$ _____ (Credits) \$ _____ (Debits)
The ACH file Processing Limits represent the aggregate amount of the ACH files sent for processing each banking day. This limit is subject to credit review and may require the submission of additional financial information or documents.