



CASH MANAGEMENT Setup Application

General Information

Name of Business: _____

Business Tax ID#: _____

Business Address: _____

Business Phone Number: _____

Primary Contact: _____

Account Number (s): _____

Administrator for Cash Management

The administrator will have full authority to perform any functions within the Cash Management System. Including making transfers and setting up new users.

Name of Administrator: _____

Phone Number: _____

Cash Management Products*

Please indicate which service(s) you are interested in applying for.

___ **ACH Transfers i.e. Direct Deposit, Direct Debit, Bank to Bank Transfers**

Estimate dollar amount of transfer(s) \$ _____

___ **Wire Transfer**

Estimated dollar amount of Wire Transfer(s) \$ _____

___ **Positive Pay/Account Reconciliation**

___ **Merchant Services**

___ **Remote Deposit**

Type of Machine

___ Single Feed, ___ 30 Documents per Minute, ___ 100 Documents per Minute

How often will you make deposits? # per week? _____ # per month? _____

Approximately how many checks do you deposit within one deposit? _____

What is the typical dollar amount of your deposits (estimate): \$ _____

What is the largest single check amount accepted in a typical business week?

\$ _____

**Fees may apply for all products. Please see our fee schedules for further details.*



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