



Cash Management Services Application

ACH/Remote Deposit Capture

Services You are Applying For (mark all that apply)	
<input type="checkbox"/> ACH	<input type="checkbox"/> Remote Deposit Capture
Customer Information	
Business Name	Tax ID Number
D/B/A	Number of Locations
Physical Address	
<i>Address</i>	<i>City</i> <i>State</i> <i>Zip</i>
Mailing Address	
<i>Address</i>	<i>City</i> <i>State</i> <i>Zip</i>
Phone Number	Fax Number
Contact Name	Email Address
Type of Business	Number of Years in Operation
Briefly describe the nature of business including products and services sold.	
Number of Employees	Do you conduct business outside the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been declined for ACH Origination or Remote Deposit Capture Services or had services terminated? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does your Company currently Originate ACH Entries? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does your Company currently use Remote Deposit Capture? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has the business declared bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide date filed? _____	
Has any principal/owner declared bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide date filed.	
ACH Information (Current or Expected)	
Check which types of ACH Transactions you are applying for	
<input type="checkbox"/> Payroll	<input type="checkbox"/> Direct Payments from Business Accounts
<input type="checkbox"/> Deposits to Business Accounts	<input type="checkbox"/> Direct Payments from Personal Accounts
<input type="checkbox"/> Re-Deposited Checks Converted to ACH	
Frequency of Transactions:	
Payroll: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Monthly	
Deposits to Business Accounts: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Monthly	
Direct Payments: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Monthly	
Re-deposited Checks: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Monthly	
Estimated dollar amount to process per month	
Payroll _____	Direct Payments _____
Deposits to Business Accounts _____	Re-Deposited Checks _____
Estimated maximum dollar amount for any single transaction	
Payroll _____	Direct Payments _____
Deposits to Business Accounts _____	Re-Deposited Checks _____
Does your company currently have access to NACHA software? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has your company ever originated ACH transaction? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Highest Dollar Amount of Chargebacks in a Month	Highest Number of Chargebacks Each Month

Remote Deposit Capture Information (Current or Expected)

Number of Locations	Number of Scanners
Highest Daily Deposit Amount	Highest Single Deposit Amount
Average Dollar Amount of Deposits	Highest Number of Deposits Made in a Day
Highest Number of Checks Deposited in a Day	Highest Number of Checks in a Single Deposit
Highest Amount of a Single Check Deposited	Average Dollar Amount Checks Deposited
Highest Number of Chargebacks in a Month	Highest Dollar Amount of Chargebacks in a Month

Types of checks your company takes for deposit. Business Personal Money Orders Cashier Checks Other _____

Credit References

Business Name	Contact Name	Phone Number

Authorization

BY SIGNING BELOW, I/WE ("APPLICANT") CERTIFY THAT ALL INFORMATION PROVIDED ON AND WITH THIS FORM IS TRUE, CORRECT, AND COMPLETE AND THAT I/WE ARE AUTHORIZED TO EXECUTE THIS FORM ON BEHALF OF THE APPLICANT. Applicant(s) are aware that any knowing or willful false statements for purpose of influencing the actions of City National Bank ("Bank") may be a violation of federal law and may result in a fine or imprisonment or both. You are authorized to make all inquiries you deem necessary to verify the accuracy of this statement either directly or through any agency employed by the Bank for that purpose. Applicant authorizes the Bank to obtain credit reports, and agrees to provide any additional information that the Bank may require to process this application. Applicant(s) also authorizes the Bank to obtain a Dunn and Broadsheet report on the company.

Required Signatures: Sole Proprietorship-Owner of Company. Partnership- All general partners. Limited Liability Company- All member(s) or manager(s). Corporation- The persons named in the corporate resolution.

Authorized Signature	Printed Name	Title	Date

City National Bank Office Use Only

Date Application Received	Received by
Date Submitted to Committee	