



ACH PROCESSOR APPLICATION

Please complete the application and fax it to 858-815-9262.
This application will be kept confidential and will be used only for the purpose of providing ACH Services.

Company Information:

Legal Name: _____

DBA Name: _____

Address (No P.O. Boxes allowed) _____

City, State, Zip: _____

Phone: _____ Fax: _____

Company Website: _____

Contact Person Name/Title: _____

Contact Person Phone: _____ Cell: _____

Contact Email Address: _____

Federal Tax ID Number: _____

Entity Type: __ Corporation __ Partnership __ Proprietorship __ LLC __ Other (specify)

Business registration date: _____ State _____

Nature of business / Services / Goods: (Please describe the nature of your business, goods and services offered)

NAICS Code (if unknown please refer to <http://www.naics.com/search.htm>) _____

Requested ACH Services:

Payroll Direct Deposit

Tax Payments

Number of Payroll Companies / Clients : _____

Number of Tax Payment Clients: _____

Payroll Frequency: __ monthly __ semi-monthly __ weekly

Number of Tax Payments per month: _____

Combined Monthly Payroll Amount \$ _____

Average Single Transaction Amount (\$) _____

Maximum Single Company Payroll Amount \$ _____

Monthly Transaction Amount (\$) _____

Maximum Single Payroll Transaction Amount \$ _____

Business Bank Account Information:

Name on the Account: _____

Bank Name: _____

Routing Number: _____

Account Number: _____

Account Type: __ Checking __ Savings __ Money Market __ Other (specify) _____

Bank Contact Information:

Bank's Contact Person _____
Bank's Address: _____
Bank's City, State, Zip _____
Bank's Phone: _____

Owners / Partners / Members / Officers of the business

(if more than 2 owners please attach a separate page with ALL owners' information)

Name: _____ Name: _____
Title: _____ Title: _____
DOB: _____ DOB: _____
SSN: _____ SSN: _____
Address: _____ Address: _____
City, State, Zip: _____ City, State, Zip: _____
Phone: _____ Phone: _____

Questionnaire:

1. Has your company, you or your partners in business ever been convicted of a crime? If yes – please provide explanation:

2. Has your company, you or your partners ever filed for a bankruptcy? If yes – please provide explanation:

3. Has your company, you or your partners been under investigation by a state or federal agency? If yes – please provide explanation:

4. Has your company, you or your partners been a party to a lawsuit? If yes – please provide explanation:

5. Has your company, you or your partners ever been declined or terminated by another ACH service company? If yes – please provide explanation:

6. Is your company currently serviced by another ACH service provider? If yes – please identify the current provider:

7. Has your company, you or your partners ever been involved in illegal activities? If yes – please provide explanation:

8. Is your company involved in adult entertainment, gambling, membership clubs/programs offering consumer discounts, credit history or credit rating repair service, telemarketing activity, assistance in obtaining a grant or loan from a public or non-public source? If yes – please provide explanation:

Signature of Authorized Person, Acknowledgement & Authorization to verify information

1. By signing below, you acknowledge that information provided in this application is true and correct.
2. Company authorizes AME Business Services, LLC (d/b/a "ACH Guru") and/or its agents, to obtain any additional information about the company and its owners, that it may deem necessary to verify accuracy of the provided information for the purposes of this Application, from any third parties including, but not limited to, banks, financial institutions, credit bureaus, federal and/or state agencies.

Signature: _____ Name: _____
Title: _____ Phone: _____ Date: _____