



CLIENT AUTHORIZATION

The following information is to be completed by the financial institution.

General Company Information

Company Name: _____ Client Number: _____
(Maximum 30 characters)

(Maximum 30 characters)

(Maximum 30 characters)

Address: _____
(Maximum 30 characters)

City, State, Zip: _____
(Maximum 35 characters)

Contact Name: _____
(Maximum 30 characters)

Contact Telephone Number: () -

Tax ID Code: _____ Tax ID Number: _____

Contact Data: _____

Contact Data: _____

Contact Data: _____

Contact Data: _____

Contact Data: _____

Contact Data: _____

General Institution Information

Branch Number: _____

Responsibility Code: _____

Preview Option

Account Number Display

Exports

Service Charge Information

Service Charge Account Type: _____

Service Charge Account: _____

ACH File Transfers

Company Name: _____ File Review Threshold: _____
(Maximum 16 characters)



CLIENT AUTHORIZATION *continued*

Company Identification: _____ File Daily Transfer Limit: _____
(Maximum 10 characters)

File Transfer Option File Monthly Transfer Limit: _____

Available Balance Options

- Available Memo Holds
- Credit Line Float
- Pending Transfers

Approval Options

- Review ACH File Transfers Review Stop Payments
- Review Internal Transfers Review Wire Transfers
- Review ACH Transfers
- Employee Permission to Approve Transfers

Account Options

- Inquiry Detail ACH Item Search
- Transactions Presentments

Fund Transfer Options

- Inquiry Internal Transfer
- Change ACH Transfer In
- ACH Transfer Out Wire Transfer Out
- Loan Payment

Display Groups

Employees	Accounts	Fund Transfers	File Transfers
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Authorized Signature

Name

Title / /
Date



CLIENT ACCOUNT AUTHORIZATION

The following information is to be completed by the financial institution.

Company Name: _____

The following information is required for every account accessed by your company through the system. Photocopy and fill out this worksheet as needed.

Account Nickname: _____

Display Group: _____

Account Type: _____

Account Number: _____

Institution Routing/Transit Number: _____

Account Options

- | | |
|---|---|
| <input type="checkbox"/> Exports | <input type="checkbox"/> Account Number Display |
| <input type="checkbox"/> Inquiry Detail | <input type="checkbox"/> Presentments |
| <input type="checkbox"/> Transactions | <input type="checkbox"/> ACH Item Search |

Fund Transfer Options

- | | |
|--|--|
| <input type="checkbox"/> ACH Transfer In | <input type="checkbox"/> Loan Payment Type |
| <input type="checkbox"/> ACH Transfer Out | Principal Only |
| <input type="checkbox"/> Internal Transfer In | Interest Only |
| <input type="checkbox"/> Internal Transfer Out | Regular Payment |
| <input type="checkbox"/> Wire Transfer Out | |

Fund Transfer Restrictions

Transfer Review Threshold: _____

Daily Transfer Limit: _____

ACH Review Threshold: _____

Daily ACH Limit: _____

Wire Review Threshold: _____

Daily Wire Limit: _____

Authorized Signature

Name

Title / /
Date



FILE TRANSFER AUTHORIZATION

The following information is to be completed by the client.

Company Name: _____

The following information is required for every file transfer template. Photocopy and fill out this worksheet as needed.

File Identifier: _____

Additional Approval Type: _____

Display Group: _____

ACH File Type: N/A ACH

ACH File Encrypted: Yes No

Transfer Type: Upload Download

Host File Name: _____

Server File Directory: ___ Upload _____

Authorized Signature

Name

Title

Date



FUND TRANSFER AUTHORIZATION

The following information is to be completed by the client.

Company Name: _____

The following information is required for every fund transfer template. Photocopy and fill out this worksheet as needed.

Transfer ID: _____ Recurring

Additional Approval Type: _____

Display Group: _____

Default Amount: _____

Amount Increments: _____

Minimum Amount: _____

Maximum Amount: _____

From Institution R/T Number: _____

To Institution R/T Number: _____

From Account Type: _____

To Account Type: _____

From Account: _____

To Account: _____

ACH In (Additional Information)

From Account Name: _____

Addenda: _____

ACH Out (Additional Information)

To Account Name: _____

Addenda: _____

Wire Transfers (Additional Information)

To Account Name: _____

To Institution: _____

To Institution Address: _____

To City/State/Zip: _____

Authorized Signature

Name

Title *Date* / /



EMPLOYEE AUTHORIZATION

The following information is to be completed by the client.

Company Name: _____

For employees with similar access rights create a template by selecting the shared functions. Then photocopy the "template" before completing the unique information for each individual employee.

Employee Name: _____ Contact Phone: _____
(Maximum 30 characters)

Display Group: _____

ACH File Review Threshold: _____

Exports

ACH File Daily Transfer Limit: _____

Contact Data: _____

Contact Data: _____

Contact Data: _____

Contact Data: _____

Contact Data: _____

Contact Data: _____

Supervisor Level

- Employee Administrator
 Supervisor Super Administrator

Authorized Access Times

<u>Access Day</u>	<u>Begin Time</u>	<u>End Time</u>
Monday	____:____	____:____
Tuesday	____:____	____:____
Wednesday	____:____	____:____
Thursday	____:____	____:____
Friday	____:____	____:____
Saturday	____:____	____:____
Sunday	____:____	____:____

Security

Verification Access ID: _____ Verification Password: _____
(Maximum 19 characters) (Maximum 17 characters)

Stop Payments

- Inquiry Add



EMPLOYEE AUTHORIZATION *continued*

Approvals

- | | |
|--|---|
| <input type="checkbox"/> Review ACH File Transfers | <input type="checkbox"/> Review Stop Payments |
| <input type="checkbox"/> Review Internal Transfers | <input type="checkbox"/> Review Wire Transfers |
| <input type="checkbox"/> Review ACH Transfers | <input type="checkbox"/> Employee Permission to Approve Transfers |

Fund Transfer Options

- Inquiry
- Change

Authorized Fund and File Transfers

Specify which fund and file transfers this individual is authorized to initiate. Transfer IDs are identifiers established by your financial institution to uniquely identify each transfer (e.g. transfer from checking to money market could be identified as "CKMM").

Fund Transfer ID

File Transfer ID

Authorized Signature

Name

Title

____/____/____
Date



EMPLOYEE ACCOUNT AUTHORIZATION

The following information is to be completed by the client.

Company Name: _____

Employee Name: _____

The following information is required for every account accessed by your employee through the system. Photocopy and fill out this worksheet as needed.

Account Nickname: _____

Account Type: _____

Account Number: _____

Account Options

- | | |
|---|---|
| <input type="checkbox"/> Exports | <input type="checkbox"/> Account Number Display |
| <input type="checkbox"/> Inquiry Detail | <input type="checkbox"/> Presentments |
| <input type="checkbox"/> Transactions | <input type="checkbox"/> ACH Item Search |

Stop Payment Information

- | | |
|----------------------------------|------------------------------|
| <input type="checkbox"/> Inquiry | <input type="checkbox"/> Add |
|----------------------------------|------------------------------|

Fund Transfer Options

- | | |
|---|--|
| <input type="checkbox"/> Overdrafts Allowed | <input type="checkbox"/> Internal Transfer In |
| <input type="checkbox"/> ACH Transfer In | <input type="checkbox"/> Internal Transfer Out |
| <input type="checkbox"/> ACH Transfer Out | <input type="checkbox"/> Wire Transfer Out |
| <input type="checkbox"/> Loan Payment | Payment Type |
| | <input type="checkbox"/> Regular Payment |
| | <input type="checkbox"/> Interest Only |
| | <input type="checkbox"/> Principal Only |



EMPLOYEE ACCOUNT AUTHORIZATION *continued*

Transfer Review Threshold: _____

Daily Transfer Limit: _____

ACH Review Threshold: _____

Daily ACH Limit: _____

Wire Review Threshold: _____

Daily Wire Limit: _____

Authorized Signature

Name

Title

Date