



ACH Origination Application

The ACH Origination Services Application will not be processed unless this application is completed and approved.

Applicant: _____

Date of Application: _____ Telephone: _____

Address: _____

E-mail Address _____ Fax#: _____

Type of Business: _____

Under-present-Management-since: _____ Customer-Since: _____

Number of Years in Operation: _____

Dollar Value of Transactions (per month):

Debits: _____ Credits: _____

Type of Transactions (explain in detail):

Account to Fund Origination: _____

(EBSB Account Only)

Requested limits will be granted upon Bank approval.

Transaction Limits

Daily Limits: ACH Debit: \$ _____ Daily Limits: ACH Credit: \$ _____ Tax Payments \$ _____

Collateral Offered (explain in detail):

Guaranty Offered (name): _____

Other Accounts (checking, savings, CD, loans):

Account Type

Account Number

Credit References:

Name	Contact	Phone	Type of Business

CREDIT REFERENCE: By signing below, you agree that we may, from time to time obtain credit and other reference information by any necessary means, including information about you from a consumer Reporting Agency or a similar reporting service provider.

PrintName: _____ Title: _____

Signature: _____

PrintName: _____ Title: _____

Signature: _____

PrintName: _____ Title: _____

Signature: _____

Required Financial Information:

As stated in our ACH Origination Policy, East Boston Savings Bank will consider only ACH origination applications supported by a full financial disclosure. Two fiscal financial statements and an interim financial statement (after 90 days from fiscal closing), including a balance sheet, 3 current consecutive monthly bank statements, profit and loss statement, and a reconciliation of surplus, are required. In addition, forecasts, aged accounts receivables and payable lists, appraisals of real estate or machinery and equipment, etc., may be required. No application will be considered unless information requested is submitted.

FOR BANK USE ONLY

Creditor	Account Number	Start Date	Start Balance	Balance

Bank approval of Transaction Limits

Daily Limits: ACH Debit: \$ _____ Date of Credit Bureau Report: _____

Daily Limits: ACH Credit: \$ _____ Date of Latest Tax Returns: _____

Tax Payments \$ _____ Date of Latest F/S and P/L: _____

NOTES:

Approving Credit Analyst: _____ Date: _____

Approving Bank Officer: _____ Date: _____