



ACH Origination Application

Thank you for choosing Landmark Credit Union for your financial needs.

Name of Business _____ Tax ID #: _____

Street Address _____ Telephone #: _____ FAX #: _____

City _____ County _____ State _____ Zip _____

Focus of Business _____

Date Business Established _____ Number of Employees _____

Primary Contact _____ Title _____

E-mail _____ Telephone # _____ Fax # _____

Origination Contact _____ Title _____

E-mail _____ Telephone # _____ Fax # _____

List below the Names of the Owners and/or Officers

<u>Name</u>	<u>Title</u>
_____	_____
_____	_____
_____	_____

ANTICIPATED TRANSACTION SUMMARY

Type of ACH Origination desired: Direct Deposit Automatic Payments Prenotes Desired

Brief description of transactions to be originated (payroll, dues, retail, etc.) _____

Estimated dollar amount of Origination per occurrence \$ _____ Settlement Account # _____

Estimated number of transactions per occurrence _____ Frequency _____

Type of File: NACHA formatted (preferred) MS Excel template LMT Other _____

Security Procedure: Secure E-mail Fax Both

Member Signature: _____ Date: _____

Your Next Steps: Thank you for the completed application. Please return signed application along with two years of business tax returns, and company authority documents such as operating agreement and articles of organization.

