

NORTHWEST SAVINGS BANK

ACH ORIGATION APPLICATION

Name of Business WARREN County School District

Business Address _____

City _____ State _____ Zip Code _____ County _____

Phone _____

Fax (for confidential payroll account information) _____

E-mail _____

Name of Contact Person(s) _____

Business Tax ID or Social Security Number _____

Credit Report Approval _____ Year Business Started _____

Current # of Employees _____

List Other Business Locations, if applicable: _____

Business Legal Counsel _____ Contact Person _____

Phone _____

Business Accounting Firm _____ Contact Person _____

Phone _____

Type of Transactions Payroll Direct Deposit ~~Also General~~ (i.e. payroll deposits, recurring debits, etc.)

Dollar value of transactions per file \$2.5 million (Per) (Normal)

Number of items per file 600

Do you need to establish a new account for the Origination funding? YES _____ NO _____

Account to fund origination # 1026051704 F.I. Northwest Savings Bank

How often will you transmit (**check one**):

Monthly	<input type="checkbox"/>	Semi-Monthly	<input type="checkbox"/>
Weekly	<input type="checkbox"/>	Bi-Weekly	<input checked="" type="checkbox"/>
Other	<input type="checkbox"/>		

Method of ACH transmission (**check one**):

1. Internet	<input type="checkbox"/>	(Advanced Internet Banking)
2. Send a file	<input checked="" type="checkbox"/>	(Advanced Internet Banking)

Name & phone number of originating company contact person:

BARB COOK

Name & phone number of originating company technical contact person:

Will you be originating Federal Tax payments? YES _____ NO _____

If you will be originating tax payments at a later date, Business Services **must be notified prior to sending them.**

Day of transmission: _____ TBD

Start date: _____ TBD

Please be advised that before any transmissions may be accepted, a fully executed agreement must be in our possession.

The undersigned hereby certify that the information given in the foregoing statement is true and complete and is submitted for the purpose of obtaining ACH origination services. You are hereby authorized to obtain such information as you may require concerning foregoing statements which shall at all times remain the property of Northwest Savings Bank.

Signatures of authorized representatives of the applicant:

 Name _____ Title _____ Signature _____

Name _____ Title _____ Signature _____