



Down to earth banking since 1908

**CASH MANAGEMENT APPLICATION AND SET UP FORM
AUTHORIZED USER**

Date: _____ Company Name: _____ TIN: _____

Authorized By (authorized signer): _____ Title: _____

Branch Team Member: _____ Branch: _____

Add New Client
(Complete All Sections)

Delete Existing Client

Change Existing Client
(Only complete subsequent sections where changes are needed)

SENIOR ADMINISTRATOR INFORMATION *Note, this level is required for Users that need to create and subsequently access fund transfer templates.*

Name of User: _____

User Email Address: _____

Phone Number: _____ Fax Number: _____

I am the main company contact for: (check all that apply) Online Banking ACH On-Site Wire

ADDITIONAL USER ACCESS LEVEL (ONLINE BANKING, ON-SITE, ACH, WIRE)

Sr. Administrator

Sr. Administrators can change or delete Administrators. Supervisors and Employees and themselves. They can not make changes to other Sr Administrators. They can add, change or delete fund transfer templates as well as review transfers.

Name(s) _____

Administrator

Administrators can change Supervisors and Employees. They can not change themselves, other Administrators or Sr Administrators. They can add, change or delete fund transfer templates as well as review transfers.

Name(s) _____

Supervisor

Supervisors can add, change or delete fund transfer templates as well as review transfers.

Name(s) _____

Employee

Employees can not perform any administrative functions and can not review transfers

Name(s) _____

ACH FILE TRANSFER ACCESS

Does this Client need ACH File Transfer access? *If no, skip to the next section* Yes No

Does this Client need access to all File Transfer Templates? Yes No

If no, specify which templates they need:

Do any Users need to have their Files Transfers reviewed by another User in **your office**? Yes No

If yes, which Users need to have their files reviewed? (Also applies to Wires and On-Site banking)

If yes, all files or files over a specified amount? All Only files over \$ _____

Which Users need to be able to review File Transfers created by other Users in your office? *(Also applies to any approvals needed for Wires and On-Site Banking)*

WIRE TRANSFER ACCESS

Does this Client need Wire Transfer access? *If no, skip to the next section* Yes No

Do any User's need to have their Wire Transfers reviewed by another User in **your office**? Yes No

If yes, all transfers over a specified amount? All Only files over \$ _____

ON-SITE BANKING

Does this Client need On-site Banking access? *If no, skip to the next section* Yes No

Can all User's view all deposits for all of the client accounts? *(If no, specify below)* Yes No

LIMITS

Will User limits be the same as the client limits? *(Applies to ACH, Wires and On-Site Banking)* Yes No

If no, specify limits below:

STATEMENTS

If you require ACH, Wires or On-Site Banking, please provide 3 months of bank statements so we may process your application accurately.

ACCOUNT ACCESS

Account 1

Add Account Change Existing Account
 Account Number: _____ Account Nickname _____

Internal Transfers: In Out On-Site Banking Yes No

ACH Fund Transfers: In Out Wire Transfers: Yes No

Requested ACH limits: Daily Single Transfer Limit: \$ _____ Daily Aggregate File Limit: \$ _____

Requested Wire limits: Daily Single Transfer Limit: \$ _____ Daily Aggregate File Limit: \$ _____

Account 2

Add Account Change Existing Account
 Account Number: _____ Account Nickname _____

Internal Transfers: In Out On-Site Banking Yes No

ACH Fund Transfers: In Out Wire Transfers: Yes No

Requested ACH limits: Daily Single Transfer Limit: \$ _____ Daily Aggregate File Limit: \$ _____

Requested Wire limits: Daily Single Transfer Limit: \$ _____ Daily Aggregate File Limit: \$ _____

Account 3

Add Account Change Existing Account
 Account Number: _____ Account Nickname _____

Internal Transfers: In Out On-Site Banking Yes No

ACH Fund Transfers: In Out Wire Transfers: Yes No

Requested ACH limits: Daily Single Transfer Limit: \$ _____ Daily Aggregate File Limit: \$ _____

Requested Wire limits: Daily Single Transfer Limit: \$ _____ Daily Aggregate File Limit: \$ _____

Attach additional Account Sheets if needed

*Restricted Loans will not have Transfer Privileges.

Date Completed _____ Completed By (sign and print name) _____