

CUSTOMER

Company Name _____ Tax ID _____ EIN SSN

Mailing Address _____ Phone _____ Fax _____

City _____ State _____ Zip _____ Branch _____

Type of Business _____ Number of Years in Operation _____ Under Present Management Since _____

Primary Contact Name _____ Phone _____ Fax _____

E-Mail Address _____ Guarantor? Yes No

If processing through a third-party processor, click here and provide processor information below (*separate Agreement may be required*)

Processor/Company Name _____ Contact Name _____ Contact Phone _____

ACH ORIGINATION SERVICES

Indicate Type(s) of ACH Origination Services

Payroll Direct Deposit (*Send electronic credits to employees*)

ACH Payments / Credits (*Send funds to other accounts*)

Select type of account being credited: Consumer Business

Details: _____

ACH Receipts / Debits (*Initiate payments from other accounts into your account*)

Select type of account being debited: Consumer Business

Details: _____

ACH ACTIVITY SURVEY

Indicate ACH Activity (*check all responses that apply, if applicable*)

Software used to create file: Online Banking System Other: _____

Requested Total Daily ACH Limit \$ _____ Processing Frequency Daily Weekly Bi-Weekly Monthly Other

Average Entry Amount (An Entry is an Individual Transaction, e.g. Payment or Payroll Item) \$ _____ Number of Files (per month) _____

Average File Amount (A File is the Total of the Entries (Credit or Debit)) \$ _____ Total Amount (per month) \$ _____

How does your customer authorize payments? Written authorization on file Website/Telephone Other _____

ACCOUNTS

List all accounts subject to ACH activity

Account Number	Account Name	Account Type
_____	_____	_____
_____	_____	_____
_____	_____	_____

ACH USER 1

 Add Change Delete

ACH User 1 Name _____ Phone _____

E-Mail Address _____ Fax _____

City Born In _____ Mother's Maiden Name _____

Business Online Banking Access ID _____ Existing User
 New User (not yet enrolled)Transfer Account(s): All Accounts or Account(s): _____**Approval Options (Select all that apply):** Require Approval Approve Transfers Delete Transfers**ACH Type (At least one type/limit required):** Credits / Deposits Limit _____ Debits / Payments Limit _____

ACH USER 2

 Add Change Delete

ACH User 2 Name _____ Phone _____

E-Mail Address _____ Fax _____

City Born In _____ Mother's Maiden Name _____

Business Online Banking Access ID _____ Existing User
 New User (not yet enrolled)Transfer Account(s): All Accounts or Account(s): _____**Approval Options (Select all that apply):** Require Approval Approve Transfers Delete Transfers**ACH Type (At least one type/limit required):** Credits / Deposits Limit _____ Debits / Payments Limit _____

CUSTOMER AUTHORIZATION

SIGNATURE

I, the undersigned, do hereby acknowledge that I am authorized under the attached resolution to act on behalf of this company, group, association or organization. In addition, I acknowledge receipt of and agree to the terms and conditions set forth in the ACH Origination Agreement.

I consent to Lakeland Bank ("Bank") obtaining one or more consumer credit reports on me from time to time in connection with this ACH Origination Application. Bank may also investigate my background, income, credit or credit worthiness, assets or other matters as it deems reasonably necessary or appropriate. I acknowledge that Bank will obtain a consumer credit report on me.

Authorized Signature _____ Printed Name _____ Title _____ Date _____

BANK USE ONLY

ACCOUNT HISTORY

Deposit Activity

Primary Account Number _____ Portfolio Number _____ Account(s) Since _____

CYTD NSF _____ PYTD NSF _____ CYTD Avg Bal _____

Loan Activity

Aggregate Exposure _____ Date Last Financial Review _____

Exposure Description _____

APPROVAL

Aggregate Risk Rating

 1 - Limited Risk 2 - Moderate Risk 3 - Acceptable Risk 4 - Second Signature Required 5 - DeclineGuarantor: Primary Contact FICO Score _____ Secondary Contact FICO Score _____

Approved ACH Limit \$ _____ Date Next Financial Review _____

Approved By _____ Title _____ Resp Code _____ Date _____

Print Name _____