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Lutz, FL 33549
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ACH Processing Application

1. BUSINESS PROFILE

Legal Name of Business Applicant (under which tax returns are filed)					
Doing Business As (if different from legal name)					
Business Street Address (No P.O. Boxes)		City	State	Zip	Business Phone Number
Date Business Established	Current Owner Since	Ownership Structure			
		<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> S Corp. <input type="checkbox"/> C Corp. <input type="checkbox"/> Non-Profit <input type="checkbox"/> L.L.C. <input type="checkbox"/> L.L.P. <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership.			
Federal Tax ID	Business License # & State	Number of Locations	Type of Business		
			<input type="checkbox"/> Retail <input type="checkbox"/> Service <input type="checkbox"/> Wholesale <input type="checkbox"/> Farm <input type="checkbox"/> Manufacturer <input type="checkbox"/> Third Party Processor		

2. ACH PROCESSING PROFILE

Monthly ACH Transactions Originated?	Average Monthly Dollars Originated?	Average Single Dollar Originated?	Average Monthly ACH Returns received?	Average Monthly Dollars Returned?	Average Single Dollar Returned?
How Often Do You Originate ACH Items?	How Many Batches a Day?	How Many Batches a Week?	How Many Batches a Month?	If TPP, How Many Companies Do You Originate For?	Do You Originate For Non US Companies?
Percentage of ACH Origination by Entry Class Code. <input type="checkbox"/> PPD <input type="checkbox"/> CCD <input type="checkbox"/> POS <input type="checkbox"/> ARC <input type="checkbox"/> RCK <input type="checkbox"/> WEB <input type="checkbox"/> TEL					
How did you hear about All Cities Processing ACH Program?	Who do you currently process ACH transactions with?	What Percentage of your ACH processing will go through All Cities?	Has a Bank or Third Party Processor ever terminated ACH processing with you?		

3. Operations

Contact Person	Title	Phone Number	Fax Number	E-mail Address
Do You Have a Qualified ACH Professional on Staff or Under Contract With Your Company? YES NO				
Name of ACH Professional	Title	Phone Number	Fax Number	E-mail Address
Total Number of Company Employees?	Number of Employees Within ACH Operations?	Do The Owners Participate in Daily Business Operations?	Who Developed Your ACH Software? (Company Name and Software Version)	

Describe Specific Products or Services That Will Generate ACH Transactions That Your Company Would Originate Through All Cities Processing, division of Bay Cities Bank. (Attach Marketing Samples)

4. OWNERSHIP PROFILE

Provide the following information on all owners of Business Applicant. If more than two owners, make additional copies of this form to include all owners.

A. Individual's Legal Name	% of Ownership	Social Security Number	Date of Birth
Home Street Address (No P.O. Boxes)	City	State	Zip
Personal Net Worth (excludes business values)	Annual Income		Home Phone Number
B. Individual's Legal Name	% of Ownership	Social Security Number	Date of Birth
Home Street Address (No P.O. Boxes)	City	State	Zip
Personal Net Worth (excludes business values)	Annual Income		Home Phone Number
Has Any Principle Filed Personal/Business Bankruptcy During the Past 10 Years? YES NO (If YES Attach Explanation)			
Are There Any Judgments Outstanding Against the Business or Any of its Principals? YES NO (If YES Attach Explanation, Dates and Amounts)			

5. CREDIT REFERANCES

Creditor	City/State	Phone Number	Contact	Account Number

6. Additional Information That Would Help Describe Your Business.

7. Are you an MSB (Money Service Business)? If yes, please provide me with a copy of your state registration. To register go to www.msb.gov.

A final rule issued in 1999 by the Secretary of the Treasury revised the regulatory definitions of certain non-bank financial institutions for purposes of the Bank Secrecy Act (BSA) and grouped the definitions into a separate category of financial institution called "money services businesses" or "MSBs." A business that meets one or more of the definitions of a type of MSB is an MSB and must comply with BSA requirements applicable to it as an MSB, as a financial institution and as a specific type of MSB. The capacities in which a business might be acting that could bring it within the definition of an MSB are:

Product or Service Capacity (Type of MSB) PLEASE MARK ANY THAT APPLY TO YOUR BUSINESS:

- _____ Money Orders/Issuer of money orders, Seller of money orders, Redeemer of money orders
- _____ Traveler's Checks/Issuer of traveler's checks, Seller of traveler's checks, Redeemer of traveler's checks
- _____ Money Transmission / Money transmitter*
- _____ Check Cashing/Check casher
- _____ Currency Exchange/Currency exchanger
- _____ Currency Dealing/Currency dealer
- _____ Stored Value/Issuer of stored value, Seller of stored value, Redeemer of stored value

*Definition of a Money Transmitter:

A) [a]ny person, whether or not licensed or required to be licensed, who engages as a business in accepting currency, or funds denominated in currency, and transmits the currency or funds, or the value of the currency or funds, by any means through a financial agency or institution, a Federal Reserve Bank or other facility of one or more Federal Reserve Banks, the Board of Governors of the Federal Reserve System, or both, or an electronic funds transfer network; or

B) [a]ny other person engaged as a business in the transfer of funds.

8. SIGNATURE OF BUSINESS APPLICANT

THE UNDERSIGNED CERTIFY AND WARRANT THAT ALL INFORMATION PROVIDED IN THIS APPLICATION IS TRUE AND CORRECT. I/WE UNDERSTAND THAT ALL CITIES PROCESSING WILL RETAIN THIS APPLICATION WHETHER OR NOT IT IS APPROVED, AND I/WE AUTHORIZE ALL CITIES PROCESSING TO PERIODICALLY CHECK AND/OR UPDATE MY/OUR CREDIT AND TO ANSWER ALL QUESTIONS ABOUT ITS CREDIT/DEPOSIT EXPERIENCE WITH ME/US. "I HAVE READ, UNDERSTAND AND AGREE TO ALL OF THE PRECEDING TERMS."

A. Signature	Date
Title	
B. Signature	Date
Title	

Instructions for signature of Business Applicant. If the business applicant is a corporation, the President, Chairman of the Board, or any Vice President and one of the following: Secretary, Assistance Secretary, Chief Financial Officer or Assistant Treasurer must sign on behalf of such entity in the spaces provided above. If the Business Applicant is a partnership, all general partners must sign on behalf of such entity in the spaces provided above. If the Business Applicant is sole proprietorship, the owner(s) must sign in the spaces provided above. If the Business Applicant is an unincorporated association or limited liability company, all members must sign on behalf of such entity in the spaces provided above.