

Arthur State Bank - Online Cash Management Application

Please print and complete form and return to Arthur State Bank.
See sending instructions below.

Company Name: _____

Company Address: (Mailing): _____

(Physical): _____

Company Tax ID Number: _____

Primary Contact Person and Title: _____

(Please provide your phone, fax and email contact information: _____

Company's Web Site (if applicable): _____

Type of Company: _____

(Non-Profit, Partnership, LLC, S-Corp etc...)

Type of Business: _____

Date Company established: _____

Do you currently use Arthur State Bank's Online Banking Service? _____

List any accounts you currently have with this bank: _____

List any loans you currently have with this bank:

Do you make any wire transfers: _____

If so, how many and how often: _____

Please list all employees who will need to have access to the Online Cash Management System:

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Please complete this section if applying for Direct Deposit services:

How many employees do you have? _____

Are you offering direct deposit to your employees now? _____

Is payroll run in-house? _____

What system is used? _____

If not in-house, how is payroll handled? _____

How often is payroll generated?

____ Monthly ____ Semi-Monthly ____ Bi-Weekly ____ Weekly

Approximately what is the dollar amount of each payroll? _____

How will payroll file be sent to bank? ____ Disk ____ Modem ____ Online

Please complete this section if applying for ACH Debit services:

How many debit files per month will you need to send? _____

What is the anticipated total dollar amount of ACH debit files you will send? _____

I hereby affirm that the information set forth above and in any attachments is true, accurate, and complete and is made with the intent of obtaining Automated Clearing House (ACH) services from Arthur State Bank. I authorize Arthur State Bank to verify or obtain additional information from any other person or source as may be necessary in connection with representations made in this application for service. I further authorize each source to provide the Bank with such information as may be requested. I agree that this application will remain the property of the Bank whether or not service is granted.

Applicant Signature

Position

Date

Please print and send this completed form to:

Arthur State Bank
Attn: Online Banking Department
P.O. Box 5135
Spartanburg, SC 29304

Or fax to:
864-576-1919
Attn: Online Banking Department