



118 Kitty Hawk Dr. Morrisville, NC 27560  
Phone: 919-319-0446 Fax: 919-319-0447  
Toll Free: 866-603-1352

## Company Profile

Company Name: \_\_\_\_\_  
 D/B/A: \_\_\_\_\_  
 Address 1: \_\_\_\_\_  
 Address 2: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone No: \_\_\_\_\_

Federal ID number (FEIN): \_\_\_\_\_  
*(Complete separate form for each FEIN)*

List Number of Employees: Active \_\_\_\_\_ Inactive \_\_\_\_\_ Terminated in Past Year \_\_\_\_\_

## Banking

*(Complete "Customer Authorization of Funds Transfers" and include a voided check)*

## Direct Deposit/Payment Processing

What is your average total payment amount per period: \_\_\_\_\_

What is your processing frequency: Weekly \_\_\_\_\_ Bi-Weekly \_\_\_\_\_ Semi-Monthly \_\_\_\_\_ Monthly \_\_\_\_\_

What day will you transmit your data/file: \_\_\_\_\_

What is your effective settlement 'day' for funds to be credited to your employee's accounts:  
*(circle all that apply)*      Monday      Tuesday      Wednesday      Thursday      Friday

## Employee Information

*(Have each employee with direct deposit complete an "Employee Direct Deposit Authorization" form)*

## Reports

- The following reports are standard:
1. Sent File Report (Detail of ACH transactions transmitted)
  2. Invoice

## Forms

Please complete the following forms:

Direct Deposit Service Agreement \_\_\_\_\_

Customer Authorization of Funds Transfers \_\_\_\_\_

Employee Direct Deposit Authorization \_\_\_\_\_