



**iTeller Business Cash Management Service Application**

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**Account Number :**

<b>Business Information</b>	
<b>Business Name</b> _____	
<b>Address</b> _____	
<b>Telephone (____)</b> _____	<b>Tax ID</b> _____
<b>Business Email Address</b> _____	
<b>Individual Name</b> _____	
<b>Address</b> _____	
<b>Telephone (____)</b> _____	
<b>Social Security Number</b> _____	<b>Date of Birth</b> _____
_____ <b>Sole Proprietorship</b>	_____ <b>Partnership</b>
_____ <b>Sub Chapter S</b>	_____ <b>Corporation</b>
_____ <b>LLC</b>	_____ <b>Non Profit</b>
<b>Nature of Business</b> _____	<b>Year Established</b> _____
<b>Number of Employees</b> _____	<b>Years at Present Location</b> _____

**Please choose from the list below the services that you wish to apply for with iTeller Business Cash Management Services.**

**iTeller Business Cash Management Services**

- |   |  |
|---|--|
| <input type="checkbox"/> Stop Payment     | <input type="checkbox"/> Wire Transfer                                   |
| <input type="checkbox"/> Account Research | <input type="checkbox"/> Balancing Reports                               |
| <input type="checkbox"/> Book Transfers   | <input type="checkbox"/> Account Summary/Detail                          |
| <input type="checkbox"/> Bill Payment     | <input type="checkbox"/> Premier Checking – Business Money Market Sweeps |

**Agreements Governing Your Services.** You acknowledge that you have completed the Cash Management Agreement, reviewed our current schedule of fees, and each of the following procedures/agreements has been signed and submitted:

- iTeller Business Member Agreement
- Cash Management Service Application

## ACH and Electronic Federal Tax Payment Functionality

Complete this section only if requesting ACH and/or tax payment (EFTPS) functionality. Copies of two years tax returns are required for the ACH and/or tax payment (EFTPS) limits to set. Fees may apply.

Requesting:  ACH  Electronic Federal Tax Payments

### **Business Background Information**

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**Please provide a brief history of your business, future plans and projections, and describe your products and/or services and competition.**

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### **Personal Business Experience**

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**If you have been in your present business for less than five years, please describe your previous business experience. (Including business background, management experience, and training)**

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## Required Signature

Upon review of your application you will be notified as to which services you have been approved for as well as when these services will be available for use.

All applications must be signed. By signing you agree to be bound by the terms of the Cash Management Agreement and each of these procedures/agreements, as well as any amendments we provide to you from time to time. Refer to the Business Rate and Fee Schedule for any applicable fees.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_