

# 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:

\_\_\_\_\_

-

\_\_\_\_\_

-

**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