

**THE HENRY COUNTY BANK
ACH ORIGATION APPLICATION**

Company Name: _____

Tax ID: _____

Address: _____

Primary Contact: _____ Title: _____

Telephone: _____ Fax: _____

Nature of business(s): _____

Years in operation: _____ Business Year End Date: _____

Resolution Type: _____ Dated: _____ (Obtain Copy)

ACH applications requested: Payroll _____ Tax Payments _____ Direct Debits _____

Other (describe) _____

Requested Total Daily ACH Limit \$ _____

Estimated frequency: Daily Weekly Bi-weekly Monthly

All accounts subject to ACH activity: _____

FOR ALL LOANS &/OR LEASES OTHER THAN WITH HCB, PLEASE PROVIDE THE FOLLOWING:

| Lender | Collateral | Orig Amount & Balance | Rate | Payment |
|--------|------------|-----------------------|------|---------|
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This information and the information provided on all accompanying financial statements and schedules are provided for the purpose of obtaining ACH Origination capabilities. Applicant(s) acknowledge that representations made in this statement will be relied on by the Bank in its decision to grant ACH activity. This statement is true and correct in every detail and accurately represents the financial condition of the Applicant(s) on the date given below. The Bank is authorized to make all inquiries it deems necessary to verify the accuracy of the information contained herein and to determine the creditworthiness of the Applicant(s). Applicant(s) will promptly notify the Bank of any subsequent changes which would affect the accuracy of the Statement.

By signing below, the undersigned agree(s) to all the terms and conditions of this Application.

By: _____ Date: _____ By: _____ Date: _____
Signature Signature Signature Signature

Approved Exposure Limit: \$ _____

Approving Loan Officer: _____ Date: _____

Approving Credit Analyst: _____ Date: _____