Queenstown Bank of Maryland

Application for ACH Origination Services

Applicant: _____

Address: _____

Phone Number: _____

Type of Business: _____

Tax ID# or SS#: _____

Description of Business Products and/Services: _____

_____

Under Present Management Since: _____

Customer Since: _____

Number of Years in Operations: _____

Normal Business Days and Hours: _____

Reason for requesting ACH Origination Services: _____

_____

_____

_____

Contact Information:

Primary Contact Name: _____

E-mail Address: _____

Work Phone/Extension: _____

Mobile Number: _____

Home Number: _____

Secondary Contact Name: _____

E-Mail Address: _____

Work Phone Number/Extension: _____

Mobile Number: _____

Home Number: _____

Account Information:

Account Name: _____

Account Description: _____

Account Number: _____

Frequency of File Transmission: _____

Average Number of Items per File: _____

Average Daily File Total: _____

Required Financial Information:

Queenstown Bank of Maryland will consider only ACH Origination applications supported **by two years of tax returns and six (6) months of deposit history**. Further information may be requested. No application will be considered unless required information is submitted.

The undersigned hereby certifies that the information given in the foregoing statement is true and complete and is submitted for the purpose of obtaining ACH Origination services. Queenstown Bank of Maryland is hereby authorized to obtain such information as may be required concerning foregoing statements which shall at all times remain the property of Queenstown Bank of Maryland. I further authorize Queenstown Bank of Maryland to make any investigation of my credit, either directly or through any agency. I understand that Queenstown Bank of Maryland will retain this application and any other credit information, even if I am not approved for ACH Origination Services.

Authorized Account Signer: _____

Print Name: _____

Date: _____