# Application for Citizens Digital with Treasury Management Features

**(To be completed by the business owner requesting Citizens Digital capability)**

## Section I – Company Information

Company Name: _____

Mailing Address: _____

_____

Physical Address: _____
(If different than above)

_____

Company Telephone Number: (_____) _____ - _____     FAX: (_____) _____ - _____

**Primary ACH & Wire Contact Name and Title**: _____

Telephone Number: (_____) _____ - _____     Email: _____

**If applicable, please list all other users** (Please attach a separate sheet if there are more than listed below):

1.  Name and Title: _____

    Email: _____  Remote Deposit User: ☐ Yes ☐ No

2.  Name and Title: _____

    Email: _____  Remote Deposit User: ☐ Yes ☐ No

3.  Name and Title: _____

    Email: _____  Remote Deposit User: ☐ Yes ☐ No

4.  Name and Title: _____

    Email: _____  Remote Deposit User: ☐ Yes ☐ No

Type of Business: _____

Date Business Established: ____/____/____     Employer (Tax) ID Number: _____

Check One: ☐ LLC ☐ Corporation ☐ Partnership ☐ Sole Proprietorship ☐ Other _____

If applicable: Date of Incorporation: ____/____/____     State of Incorporation: _____

Date banking relationship established: _____

Do you have an existing deposit or loan account relationship with our financial institution? ☐ Yes ☐ No

If yes, please check any of the following documents which are already on file with our financial institution:

☐ Corporate Resolution or Partnership Agreement     ☐ Copy of Financial Statements (Signed and Dated)

☐ Prior Year Tax Return Copy (Signed and Dated)     ☐ Credit References

**(Please continue to Section II.)**

## Section II – Citizens Digital Information (ACH/Wire)

Please describe the type of transactions you would like to process:

☐ Payroll ☐ Expense Reimbursement ☐ Accounts Payable ☐ Accounts Receivable ☐ Wires ☐ Stop

Payments ☐ Other: _____

Cash Management Services (check all that apply):

| Account Numbers | Type (DDA, MM, SAV) | Balance Inquiry | Allow Credits | Allow Debits | Stop Payments | ACH | Wire | Online Stmts |
|---|---|---|---|---|---|---|---|---|
| | | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No |
| | | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No |
| | | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No |
| | | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No |
| | | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No |
| | | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No |
| | | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No |
| | | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No |

**Frequency** of ACH Transactions:

| Company Name | Tax Id Number | Weekly Date: | Monthly Date: | Bi-Weekly Date: | Other Date: |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
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| | | | | | |

**Desired ACH & Wire Limitations***

Limits are established per company not per user:

Daily maximum amount of an **ACH File**: $_____

Daily maximum amount of a **Wire transaction**: $ _____

Checking Account Number to be used for **Citizens Digital Fees** (if applicable): _____

**Positive Pay ($25 per account)**: ☐ Yes ☐ No

If yes, please list account number(s): _____

***Final ACH & Wire limits will be determined by your Loan Officer or the Credit Analyst Manager.**

By signing below, you agree the above information is correct to the best of your knowledge, and any information that was not correct has been corrected and initialed.  The Company also grants permission for the financial institution to obtain credit information from reporting agencies.

Signature of Company Official: _____ Application Date: ____/____/____

Printed Name and Title of Company Official: _____

Please return all completed forms to Citizens State Bank Treasury Management Department.  If you have any questions, please

feel free to call 608-785-2265 or email service@citizensstatebank.us.  Thank You!

# ***Please fill out Section III if applying for Remote Deposit***

## Section III – Remote Deposit Information

Does your company currently scan checks: ☐ Yes ☐ No

If yes, how many scanners do you use and what models: _____

How many scanners would you like to order: _____

Type: ☐ Single Feed ☐ Multi-Feed

**Primary ACH & Wire Contact Name and Title**: _____

Telephone Number: (_____) _____ - _____    Email: _____

**C**hecking Account(s) to be used for **Deposits** of checks:

| Account Title: | Checking Account Number: |
|---|---|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Checking Account Number to be used for **Remote Deposit Fees** (if applicable): _____

**Frequency** of check deposits: ☐ Daily ☐ Weekly ☐ No Set Frequency ☐ Other: _____

The anticipated maximum amount of **any single check** to be deposited:                    $_____

The anticipated maximum amount of **any group of checks** to be deposited **at one time**: $_____

The *estimated* **number of checks** you will be scanning and submitting **in one deposit**:        _____

Do you anticipate submitting more than one deposit per day? ☐ Yes, _____ deposits per day ☐ No

The anticipated maximum number of **total checks** to be deposited **in any one day**:        $_____

The *estimated* **total dollar volume** of checks to be deposited **monthly**:                    $_____

The *estimated* **total number** of checks to be deposited **monthly**:                    $_____

The *estimated* checks **returned monthly**:   Total number _____        Total amount: $_____

Will you need to **archive check images** (via a website) after making deposits? ☐ Yes ☐ No ☐ Unsure

By signing below, the Company grants permission for the financial institution to obtain credit information from reporting agencies.

Application Date: ____/____/____        Signature of Company Official: _____

                                                           Printed Name and Title: _____

Please return all completed forms to Citizens State Bank Treasury Management Department.  If you have any questions, please feel free to call 608-785-2265 or email service@citizensstatebank.us.  Thank You!

**FI Use Only:**

The application for:_____, was reviewed by:_____.
                                    (Customer Name)                                                        (Lender Name or CA Manager)

Application: ☐ Approved ☐ Denied on ___/___/___ by _____.
                                                                                          (Lender or CA Manager)

☐ Application Signed ☐ Credit Report Obtained ☐ Guarantor Obtained ☐ Personal Financial Statement

| Internal Use Only: | Daily ACH CR Limit | $ | Daily ACH DR Limit | $ | Daily Wire Limit | $ |
|---|---|---|---|---|---|---|

Risk Rating = _____

**1**=No ACH/Wire Capability
**2**=ACH Capability Only – Full Service Customer
**3**=ACH Capability Only – w/DDA Only
**4**=Full ACH/Wire Capability – Full Service Customer
**5**=Full ACH/Wire Capability - w/DDA Only