



Cash Management Application and Underwriting

New

Change (If a new service is being added within 12 months of the original service, no new application is needed. If more than 12 months, a new application will need to be completed. If adding a new service and there is a change in Beneficial Ownership, a new application must be completed).

Company Information			
Company Name		DBA Name	E.I.N.
Street Address		City, State, Zip	Phone Number
Mailing Address		City, State, Zip	Fax Number
Primary Contact Name	Title	Email Address	Phone Number, Extension
Type of Ownership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Not-for-Profit			
Date Business Established	Date of Current Ownership	# of Owners/Principals	# of Employees
Business Description			
Annual Gross Revenues Last Fiscal Year		Seasonality (Yes/No, Describe)	# of Locations

Management/Ownership - List all owners that have 25% or more Beneficial Ownership (Identifying information must be obtained for all beneficial owners with 25% or more beneficial ownership, see AML/BSA Policy, Appendix H – CIP Procedures, for a list of required information that must be obtained).

	Name	Title	Ownership %	SSN
1.				
2.				
3.				
4.				

Appendix A

Cash Management Application – Continued

Proposed Use of FRed™ Services

Anticipated # items daily	Anticipated Maximum individual transaction amount
Anticipated Maximum daily deposit amount	
Anticipated Maximum bi-weekly # items	Anticipated Maximum bi-weekly total dollar amount

Proposed Use of ACH Services

Nature of Use (e.g. direct deposit of pay, cash concentration/disbursement, etc.)	Transaction Type(s) (Debits, Credits or Mixed)
Transaction Recipients (Consumers, Businesses)	
Anticipated # of Transactions Per File	Anticipated Maximum \$ per Transaction
Anticipated Maximum \$s Per File	Frequency and Anticipated Transmission Days/Dates of Files
Method of Transmitting File	Dual Control or Single Control
System Administrator – Name, Title and Phone	File Verification Method (Fax, Email)
Additional Authorized Users: Name, Title and Phone Number	Permitted Activities
Name, Title and Phone Number	Permitted Activities

Proposed Use of Wire Services

Maximum # of wires transmitted per day	Maximum dollar amount of any wire transmitted
Method of Transmitting File	Dual Control or Single Control
System Administrator – Name, Title and Phone	File Verification Method (Netteller Online Banking/ Secured Email)
Additional Authorized Users: Name, Title and Phone Number	Permitted Activities
Name, Title and Phone Number	Permitted Activities

Appendix A

Financial Inquiries		
Has the business declared bankruptcy within the last 10 years?	If yes, what chapter?	Date of Filing
Has any principal/owner declared bankruptcy within the last 10 years?	If yes, principal name and chapter	Date of Filing
Any delinquent income or Corporate taxes owed by business or principal/owner?	If yes, explain:	
Any pending litigation or unsatisfied judgments for business or principal/owner?	If yes, explain:	
Is business for sale or under agreement that would change ownership?	If yes, explain:	

Financial Institution Name	Routing/Transit #	Account #	Account Type	Date Opened	Contact Phone #
First Resource Bank	0319 1887 3	*			

*First Resource Bank is authorized to initiate or transmit automatic credit and/or debit and/or check entries to the account identified in the attached voided check relating to the above account for all services contemplated under this Application. Said authority is granted to the Bank's processor and their agents.

Requested Documentation to Accompany Completed Application
<p>General Information:</p> <p><input type="checkbox"/> Copies of organizational papers and business filing certificates.</p> <p><input type="checkbox"/> Copies of drivers' licenses or other government-issued identification for each owner that has beneficial ownership of 25% or more.</p> <p><input type="checkbox"/> Recent (within two months) bank statement for primary deposit account.</p> <p><input type="checkbox"/> Tax Returns as requested</p> <p><input type="checkbox"/> Additional documentation as requested by Bank:</p> <p>_____</p> <p>Identification Information:</p> <p>To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each customer that opens an account. What this means for you: when you open an account, we will ask you your name, address, date of birth and other information that will allow us to identify you. We will also ask to see your driver's license or other identifying information.</p>

Appendix A

Consent to Obtain Credit Report

I/we ("Applicant") consent to First Resource Bank ("Bank") obtaining one or more consumer credit reports on me from time to time in connection with this Cash Management Application. Bank may also investigate my background, income, credit or credit-worthiness, assets or other matters as it deems reasonably necessary or appropriate.

Printed Name:	Signature:	Date:
Printed Name:	Signature:	Date:
Printed Name:	Signature:	Date:
Printed Name:	Signature:	Date:

Authorizations and Signatures

BY SIGNING BELOW, I/WE CERTIFY THAT ALL INFORMATION PROVIDED ON AND WITH THIS FORM OR HEREAFTER FURNISHED BY US OR ON OUR BEHALF IS TRUE, CORRECT AND COMPLETE, AND ANY FALSE INFORMATION MAY SUBJECT I/WE TO CIVIL LIABILITY AND CRIMINAL PENALTIES UNDER THE PROVISIONS OF TITLE 18, UNITED STATES CODE SEC 1001. I/WE CERTIFY THAT I/WE ARE AUTHORIZED TO EXECUTE THIS FORM ON BEHALF OF THE COMPANY. You are authorized to make all inquiries you deem necessary to verify the accuracy of this application, either directly or through any agency employed by the Bank for that purpose. I/we authorize the Bank to obtain credit reports in connection with this Cash Management Application, and agree to provide any additional information that the Bank may require to process this application.

Printed Name:	Signature:	Date:
Printed Name:	Signature:	Date:
Printed Name:	Signature:	Date:
Printed Name:	Signature:	Date:

FOR UNDERWRITING PURPOSES ONLY

Additional Documentation Requested

<input type="checkbox"/> Business Lien Search	Received & Reviewed	Waived
<input type="checkbox"/> Business Tax Returns/Financial Statements – Year(s)	Received & Reviewed	Waived
<input type="checkbox"/> Business Deposit Statements – Month(s)	Received & Reviewed	Waived
<input type="checkbox"/> Personal Tax Returns – Year(s)	Received & Reviewed	Waived
<input type="checkbox"/> Other	Received & Reviewed	Waived

Appendix A

Principal Information			
Owner/Principal #1 -- Name:	Credit Score	Lien Search Results	Comments
Owner/Principal #2 -- Name:	Credit Score	Lien Search Results	Comments
Owner/Principal #3 -- Name:	Credit Score	Lien Search Results	Comments
Owner/Principal #4 -- Name:	Credit Score	Lien Search Results	Comments

Recommended Processing and Settings
--

Recommend: Approval Decline Decline Reasons: _____

Default setting for Exceptions to limits: Process without intervention, Suspend, requires RM approval, Decline

Over Limit Comments: _____

Cash Management Risk Rating (based on CM underwriting Guidelines worksheet): Low Medium High

Risk Rating Comments: _____

Underwriting Comments: _____

Underwriting Review and Approval	
---	--

Recommended by:	Approved by:
Signature:	Signature:
Date:	Date: