



AUTOMATED CLEARING HOUSE SERVICES (ACH) APPLICATION

CUSTOMER INFORMATION

BUSINESS NAME:

TAX ID #:

ADDRESS:

CITY/STATE/ZIP:

PRIMARY CONTACT:

CONTACT PHONE:

THIRD PARTY PROCESSOR: (if applicable)

ADDRESS:

CITY/STATE/ZIP:

PRIMARY CONTACT:

CONTACT PHONE:

ACCOUNT INFORMATION

ACH OFFSET ACCOUNT NUMBER:

ACCOUNT DESCRIPTION:

ORIGINATING: Debits Credits Mixed

FREQUENCY OF ORIGINATION: Daily Weekly Monthly Semi-Monthly Other: _____

DAILY MAX AMOUNT PER TRAN: \$ _____ MAX AMOUNT PER INDIVIDUAL TRAN: \$ _____

PURPOSE OF ORIGINATION: Payroll Payment Collection Mixed Other: _____

CUSTOMER AUTHORIZATION

By signing below I (we) authorize FIRST CALIFORNIA BANK to initiate the approval process in order for the above referenced business to initiate ACH transactions. I (we) hereby affirm that the information contained in this application is true, complete and correct and that FIRST CALIFORNIA BANK is relying on this information to perform a credit analysis to determine approval for initiating ACH transactions.

SIGNATURE

PRINT NAME

DATE

SIGNATURE

PRINT NAME

DATE

SIGNATURE

PRINT NAME

DATE

(04/23/2010)