# Document Requirements

**Completion and submission of all documents listed below is required for application processing:**

* 1. Complete and signed **Merchant application** for Direct Deposit Processing Services
* 2. Corporate Documents: Copy of Articles of Incorporation (or equivalent). (A copy of your Business License may be considered an acceptable substitute in certain circumstances).
* 3. Two months of bank statements (must be the same account that’s used for the Direct Deposit funding)
* 4.) Copy of current Drivers License or Passport of principal(s).
* 5.) Completed and signed **Direct Deposit Processing Agreement** including:
* Attachment A – Schedule of fees
* Attachment B – Electronic Funds Transfer Authorization Form
* Utility Bill
* Voided Check

**Note:** The information requested is used to effectively set up your account, upon approval. Please complete all information as accurately and thoroughly as possible.

* Many applications can be processed completely using the information listed above. However, for some applicants, additional information may be required. After review of the information listed above, we will advise you if there is a need for additional information.
* A non-refundable application fee will be collected via ACH from the business banking account upon receipt of all requested information. Optionally, upon prior arrangement with Walnut Computing Services, this fee may be paid via wire transfer.

**Application processing requires 5 to 7 business days from receipt of all requested information.**

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| AcknowledgementBY SIGNING BELOW, THE OWNERS/OFFICERS OR MANAGING MEMBERS ON THE APPLICATION REPRESENT AND WARRANT THAT ALL INFORMATION STATED HEREIN, AND THE SUPPORTING DOCUMENTATION SUBMITTED IN CONJUNCTION WITH THIS MERCHANT APPLCAITON IS TRUE, COMPLETE AND NOT MISLEADING.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Principal Date  |

**Merchant Application for ACH Direct Deposit Processing**

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| Legal Business Name:  |
| DBA Name, if applicable:  |
| Years in Business: |
| Business Address:   |
| City:  State:  Country: Zip/Postal Code: |
| Business Phone:  Business Fax:  |
| Email Address: Tax Id #: |
| Web site address (Company web site **MUST BE OPERATIONAL and DISCLOSE BOTH PRIVACY POLICY AND TERMS AND CONDITIONS**):   |
| Business Classifications: **** Sole Proprietorship **** LLC  **** Partnership  **** LLP  **** Corporation |
| Principal (1) Name:  |
| DOB:  SSN: Residents Phone: |
| Principal Address:  |
| City:  State:  Country:  Zip/Postal Code:  |
| Principal (2) Name:  |
| DOB:  SSN:  Residents Phone:  |
| Principal Address:  |
| City:  State:  Country:  Zip/Postal Code: |

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| **Monthly Direct Deposit Amounts:** (please provide projections/estimates if actual numbers are not available)  |
| Estimated Number of Direct Deposit Transaction per month:  |
| Estimated $ Amount of Direct Deposit Transactions (USD) per month:  |
| Average $ Deposit Amount: $  Normal High $ Amount: $  Normal Low $ Amount: $  |

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| **Descriptions of Services**: (Please provide a summary description of your business, including your specific purpose in applying for ACH Direct Deposit services. Use additional pages if needed). |
| **Merchant Descriptor:** (Choose the appearance of your business name, up to 16 characters) |
| Name on descriptor:  |
| Customer Service Phone # (must be operational):  |
| **Phone # where we can reach Merchant (if different from above):**  |

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| **Customer Base** to which you are offering (check all that apply) |
| US Consumers **€** US Businesses (CCD) |
| **** Non-US Consumers and/or Non-US Businesses (IAT) |

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**PPS may obtain commercial credit bureau reports on applicant companies. In some instances, additional information about Principals of the company may be required, and PPS will then obtain a consumer credit report on the Principal(s) identified in the application. The Principals’ signatures are therefore required below.**

**I certify that the above information is true and correct, to the best of my knowledge; I authorize PPS to conduct an investigation, including obtaining and exchanging credit information and personal information, for the purpose of verifying my financial standing.**

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**Principal Signature Date Principal Signature Date**

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**Print Principal Name Print Principal Name**