

**First National Bank & Trust Company of Newtown
Corporate Cash Management Application**

Company: _____

Address: _____

_____ EIN: _____

Phone Number: _____

Email: _____

Authorizing Coordinator(s) (Persons authorized to sign Login ID adds/changes/deletes):

Signature

Print Name and Title

Accounts to be accessed (Attach additional sheet if necessary):

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signatures of all Authorized Signers of above listed accounts (Attach additional sheet if necessary):

Signature

Print Name

Account where Fees should be Charged (must be a checking account): _____

Summary of Fees:

\$30/month (\$0.50 each over 25 bill payments, \$0.10 each for every ACH transaction)

View account balances, history, check images, and transfer funds between accounts. Pay bills.

Features: Direct deposit of payroll*, ACH collections from customers*, other ACH payments/receipts*, EFT tax payments*, wire transfer requests**, currency/coin ordering.

Security: Allows multiple Login IDs with varying security rights for each individual, please complete one Login ID request per person.

* ACH features require an ACH origination agreement between your company and First National Bank., and incurs a \$.10/transaction fee

** Wire transfer requests require a wire transfer agreement between your company and First National Bank

**First National Bank & Trust Company of Newtown
Corporate Cash Management Application - Login ID Request Form**

Company: _____

Name: _____ Date: _____

Phone Number: _____ Email: _____

Requested Login ID: _____ Social Security #: _____

**(Login ID must BEGIN with a letter and be 4-8 characters in length)

Accessible Accounts (Attach additional page if required)

Account Number	Account Description	Access Type (circle one for each acct)			
		View	Deposit	View & Deposit	Full
		View	Deposit	View & Deposit	Full
		View	Deposit	View & Deposit	Full
		View	Deposit	View & Deposit	Full
		View	Deposit	View & Deposit	Full
		View	Deposit	View & Deposit	Full
		View	Deposit	View & Deposit	Full
		View	Deposit	View & Deposit	Full
		View	Deposit	View & Deposit	Full

Additional Authorities

Grant Access	Feature	Draft	Authorize	Maximum Limit per day (blank=no limit)
G Yes G No	Bill Payment			
G Yes G No	ACH Payments	G	G	
G Yes G No	ACH Receipts	G	G	
G Yes G No	Payroll	G	G	
G Yes G No	ACH Collections	G	G	
G Yes G No	Wire Transfer Requests	G	G	
G Yes G No	EFT Tax Payments	G	G	
G Yes G No	Send an ACH file			
G Yes G No	FastPay Inclearings			
G Yes G No	Rights to view everyone's postings (If not granted, the user will be able to only see his/hers)			
G Yes G No	Currency/Coin Ordering			

Signature of Employee

Print Name and Title

Signature of Authorizing Coordinator

For Bank Use Only:

Login ID: _____ Port. No.: _____ Date Rec'd: _____ Date Verified: _____ Date Entered: _____