



EFT/ACH Payment Registration

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CUSTOMER COMPANY INFORMATION		
Name		
Address		
City, State, Zip		
Treasury Contact	Daily Operations Contact	
Name	Name	
Phone / e-Mail	Phone / e-Mail	
CUSTOMER DEPOSITORY FINANCIAL INSTITUTION (DFI) INFORMATION (SENDING BANK)		
DFI Name		
Address		
City, State, ZIP		
EDI/EFT Contact	Daily Operations Contact	
Name	Name	
Phone / e-Mail	Phone / e-Mail	
CUSTOMER (PAYOR) PAYMENT IDENTIFICATION – MUST MATCH THE <u>ACH</u> COMPANY Batch Header Record <u>(5 Record)</u>		
Company Name (Max 16 positions)	(ACH Company/Batch Header field, position 05-20)	
Company Identification (10 positions)	(ACH Company/Batch Header field, position 41-50)	
DFI ROUTING / ABA Number	(ACH Company/Batch Header field, position 80-87)	
CUSTOMER (PAYOR) OPTIONS – CHOOSE ONE OF THE FOLLOWING <u>ACH FORMAT / REMITTANCE</u> COMBINATIONS		
ACH FORMAT	- WITH -	Remittance Option
<u>CHOICE #1</u>		
<input type="checkbox"/> CCD + ("plus")	- WITH -	<input type="checkbox"/> EDI RMT/DTM or RMR/DTM Segment(s) in Addenda Record

<u>CHOICE #2</u>		
<input type="checkbox"/> CTX	- WITH -	<input type="checkbox"/> EDI RMT/DTM or RMR/DTM Segment(s) in Addenda Record -OR- <input type="checkbox"/> EDI 820 Trxn Set in Addenda Records – Version
Completed By _____ Phone _____ Date _____		