



**THIRD PARTY SENDER AUTOMATED CLEARING HOUSE (ACH)
ORIGINATION WORKSHEET REQUEST**

Bank of North Dakota

BANK OF NORTH DAKOTA
OPERATIONS
SFN 60671 (12-2017)

Name of Financial Institution			
Address		City	State ZIP Code
Requested By	Contact Person	Contact Telephone Number	Contact Email Address
After Hours Contact Person		After Hours Contact Telephone Number	
File will be transmitted by <input type="checkbox"/> Financial Institution <input type="checkbox"/> Organization		If Financial Institution transmits, will your on-us items be stripped? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Please allow 5 business days for customer setup.

Name of Customer			
DBA Names (if any)		Tax Identification Number	Website Address
Street Address		City	State ZIP Code
Primary Contact Name	Title	Telephone Number	Email Address
Type of Business		Type of Transactions (i.e. payroll, utility payments)	
Owner		Date Established	Geographic Location
Is there an ACH agreement in place with you and this customer? <input type="checkbox"/> Yes <input type="checkbox"/> No		Does this customer have authorizations in place? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does customer have software to create ACH file? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, who should have access to transmit the file?			
Will customer use templates on BND Direct? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, who should have access?			Type of Control <input type="checkbox"/> Single <input type="checkbox"/> Dual
Company ID (used in the five record of the ACH file)		Will customer originate debits? <input type="checkbox"/> Yes <input type="checkbox"/> No	Will customer originate credits? <input type="checkbox"/> Yes <input type="checkbox"/> No
Will customer originate? <input type="checkbox"/> Same Day Entries <input type="checkbox"/> Future Dated Entries		Frequency of File Transmittal	Average File Amount
File is <input type="checkbox"/> Balanced <input type="checkbox"/> Unbalanced			
SEC Code(s) that Customer will Originate (check all that apply) <input type="checkbox"/> ARC <input type="checkbox"/> BOC <input type="checkbox"/> CCD <input type="checkbox"/> CTX <input type="checkbox"/> IAT <input type="checkbox"/> POP <input type="checkbox"/> PPD <input type="checkbox"/> RCK <input type="checkbox"/> TEL <input type="checkbox"/> WEB			

By (printed name)	Title
Signature	Date

For Bank of North Dakota Use Only

Date Received			
CNS Setup Completed By	Date Completed	PEP+ Setup Completed By	Date Completed
BND Direct Setup Completed By	Date Completed	AA Setup Completed By	Date Completed
Risk Spreadsheet Completed By	Date Completed	Schedule C Completed By	Date Completed