

ACH Credit Application

Name/Address

Last:	First:	MI:	Title:
Company Name:			FEIN:
Address:			
City:	State:	Zip:	Phone:

Company Information

Type of Business:	State of Incorporation:	In Business Since:			
Legal Form:	☐ Corporation	☐ Partnership	☐ Sole Proprietorship	☐ LLC	☐ Other
Name of Company Principal Responsible for Business Transactions:			Title:		
Address:	City:	State:	Zip:	Phone:	

Bank Reference

Bank Name:	Routing #:	Account Opened:
Account #:	Account Type:	☐ Checking ☐ Savings
Address:	Contact Person:	
	Title: Phone #:	

Financial Information

Company Annual Net Income:	Highest Monthly Total ACH Payroll Amount:
Have you, your officers or affiliates ever filed a petition for bankruptcy? ☐ No ☐ Yes	
Is your company subject to any litigation? ☐ No ☐ Yes (describe) _____	

I declare that the above information is true, correct and complete and is given in order for Payroll4Free.com to establish ACH transaction eligibility for my company. I authorize Payroll4Free.com to make such credit investigation as Payroll4Free.com sees fit, including contacting the above references and obtaining credit reports. I authorize all references, banks, and credit reporting agencies to disclose to Payroll4Free.com any and all information concerning the financial and credit history of my company and myself.

Authorized Signature: _____

Title: _____

Printed Name: _____

Date: _____