



Treasury Management Services Request Form

Please check the services your business(s) would like to enroll in. A Treasury Management representative will be in touch to set you up.

	BUSINESS 1 NAME	BUSINESS 2 NAME	BUSINESS 3 NAME	BUSINESS 4 NAME	BUSINESS 5 NAME
ACH / DIRECT DEPOSIT SETUP	<input type="checkbox"/>				
WIRE TRANSFER SERVICES	<input type="checkbox"/>				
POSITIVE PAY / FRAUD PROTECTION	<input type="checkbox"/>				
REMOTE DEPOSIT CAPTURE	<input type="checkbox"/>				
MERCHANT SERVICES / CARD PROCESSING	<input type="checkbox"/>				
ACCOUNT ANALYSIS / REPORTING	<input type="checkbox"/>				
TREASURY MANAGEMENT CONSULTATION	<input type="checkbox"/>				

Business Owner Name: _____

Business Owner Email: _____

Business Owner Phone: _____