



### New File Transfer Authorization Business Connex Online

Company Name: \_\_\_\_\_ Client Number: \_\_\_\_\_

File Nickname/ID: \_\_\_\_\_ (maximum of ten characters with no spaces)

Display Group (if applicable): \_\_\_\_\_

Daily File Transfer Limit: \_\_\_\_\_ Monthly File Transfer Limit: \_\_\_\_\_

File Frequency:     Daily             Bonus  
                      Weekly (52)     Biweekly (26)  
                      Monthly (12)    Bimonthly (24)

Employee Name(s) that may transmit new file:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### ACH Correction/Reorigination Request Section

“Yes” indicates that the employee is authorized to submit requests.  
“No” indicates that the employee is not authorized to submit requests.

ACH Correction/Reorigination Request:    Yes    No

I, being a signer on the account(s), authorize the above listed employees to initiate file transfers through Business Connex, in person, or by telephone as indicated above.

\_\_\_\_\_  
Authorized Signer

\_\_\_\_\_  
Date

\*Fax completed form to Charyl at 335-5191. If you have any questions, contact Charyl at 335-5242.