



Financial Institution Reseller Application Form

FI Legal Business Name: _____

FI Doing Business As (DBA) Name: _____

FI Address: _____ City: _____ State: _____ Zip: _____

FI Phone: _____ FI Customer Service Phone: _____

FI Email: _____ FI URL: _____

FI Contact 1: _____ FI Contact Title: _____

FI Contact Address: _____ City: _____ State: _____ Zip: _____

FI Contact Phone: _____ FI Contact Cell: _____

FI Contact Email: _____ Other: _____

FI Contact 2: _____ FI Contact Title: _____

FI Contact Address: _____ City: _____ State: _____ Zip: _____

FI Contact Phone: _____ FI Contact Cell: _____

FI Contact Email: _____ Other: _____

FI EIN: _____

FI Banking for Deposits Routing: _____ FI Account: _____

FI Banking for Debits Routing: _____ FI Account: _____

CAMS Reseller Model (Select One): Model 1 (Referral) Model 2 (Co-Branded) Model 3 (White-Labeled)

Completed By: _____ Date: _____