



Contact Information

Name & Title

Referred By:

Phone Number

Fax Number

Email

Financial Institution Information

Name of Financial Institution

Core Software Provider

Physical Address

City

State

Zip

of Share Draft (Checking) Accounts

NSF / OD Item Fee

Average Monthly NSF / OD Income (3 month minimum, preferably last 12 months)

Transaction Type	# NSF / OD Items	Average Gross Monthly Income	Average Monthly Charged-Off/Waived	Net Monthly Income
Checks				
ACH				
Point-of-Sale				
ATM				

Do you offer an Overdraft Line of Credit or Overdraft Sweep? If so, how many accounts have Line of Credit and how many have Sweep?

Do you offer ATM cards for Share Draft Accounts? If so, how many Share Draft Accounts have an ATM card?

Do you offer Debit cards for Share Draft Accounts? If so, how many Share Draft Accounts have a Debit card?

Are you interested in a presentation? If so, when?

When would you like to start the program?

Do you have any further requests or questions?

Please Fax or Email completed form to:

FAX: (866) 875-6310

Email: sales@smartstepsolutions.com