

CSO Family of Companies

Attn: Contracting – P.O. Box 34350, Omaha, NE 68134-0350

Fax: 800-732-4595 E-Mail: Contracting @CSO.com

Credit Conversion Account # _____

New Business Credit Insurance Account # _____

(Completed by CSO)

CREDIT UNION INFORMATION SHEET**Marketing Representative Information**

Name _____

Account Number _____

Requestor _____

Date Submitted _____

Credit Union Account Information

Requested implementation date _____

Credit Union Legal Name _____ DBA (If Applicable) _____

Tax ID Number _____ Charter Type: _____ Federal _____ State

Does Credit Union have branches? _____ Yes _____ No

If Yes, will branches report under separate account numbers? _____ Yes _____ No (If Yes, attach list of locations)

Street Address	Mailing Address
City, State, Zip	City, State, Zip
Phone	Fax
County	Senior Officer Name and Title

ACH

Will Credit Union remit using ACH? _____ Yes _____ No If yes, complete Authorization for ACH Transactions Form

Will Credit Union use ACH for Benefit payments? _____ Yes _____ No If yes, complete Authorization for ACH Transactions Form

Technology Information

Laser Vendor _____

Mainframe Company _____

Mainframe Contact _____

Phone Number _____

Loan Doc Vendor Contact _____

Phone Number _____

Systems Contact at Credit Union _____

Phone Number _____

Credit Card Processor (if offering credit card protection) _____

Contact _____ E-mail address _____ Phone Number _____ Fax _____

Claim Contact Information

Claim Contact _____

Administration Contact Information

Administration Contact _____

E-mail address _____

E-mail address _____

Phone Number _____

Phone Number _____

Production and Performance Reporting

Will Credit Union run Production and Performance Reporting? _____ Yes _____ No

If yes, this requires monthly reported loan file be submitted to CSO.

Authorization for ACH Transactions

Credit Union Name: _____ Branch: _____

Address: _____

Account Number: _____ Group Number (if any) _____

Please read carefully. Complete all information for each product you are requesting to be set up for ACH.

I hereby authorize Central States Health & Life Co. of Omaha ("CSO") to credit/debit the accounts listed below for any amount Due from/Owed to the Credit Union. This authorization is to remain in force until written notification of termination is received by CSO.

Authorization: _____ Date: _____

Signature

Name: _____ Title: _____

Print

Credit Insurance Program:

Contact Name: _____ Phone: _____

Account Type _____ Routing No. _____ Account No. _____
Checking, Savings or General Ledger

Debt Cancellation Conversion Program:

Contact Name: _____ Phone: _____

Account Type _____ Routing No. _____ Account No. _____
Checking, Savings or General Ledger

Debt Cancellation New Program:

Contact Name: _____ Phone: _____

Account Type _____ Routing No. _____ Account No. _____
Checking, Savings or General Ledger

Claims:

Contact Name: _____ Phone: _____

Account Type _____ Routing No. _____ Account No. _____
Checking, Savings or General Ledger

Program	Credit Ins	DC Conv	DC New
Account No. & Carrier			