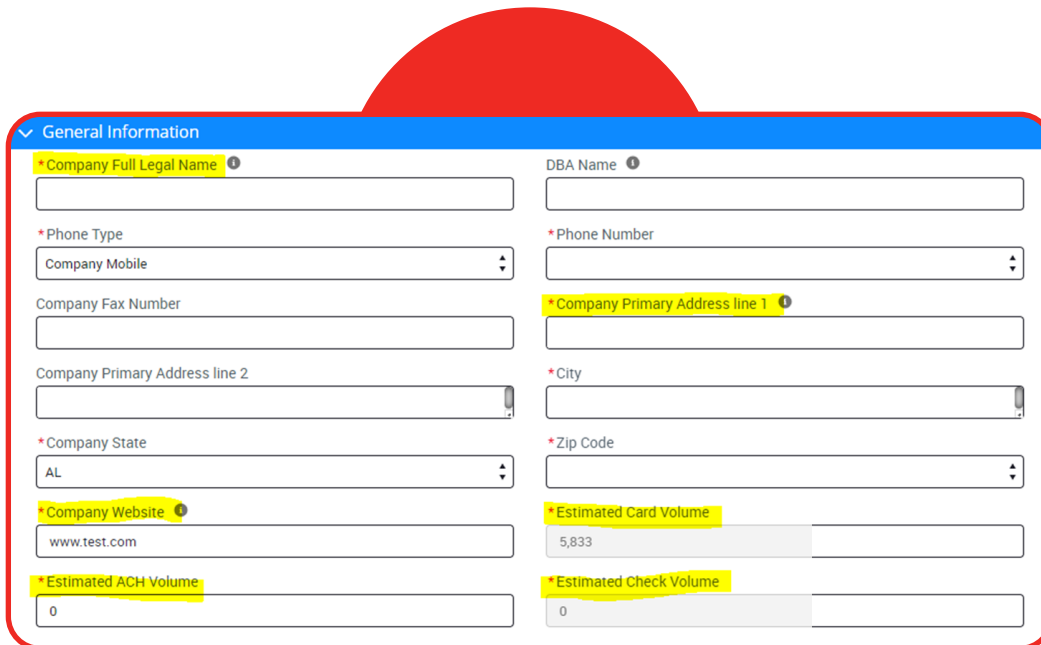


# MSA Review Checklist

To ensure a smooth compliance process, there are certain requirements that must be met. Below are some items that need extra attention and will delay the process if not completed correctly.

## 1. General Information Tab

- Please provide **the full legal name of the business** and the **DBA (if applicable)**.
  - Company Name throughout the MSA should be the full legal name of the business. That includes Inc, Co, LLC, etc. and should match all the submitted company documents.
- Please provide the correct company's **website**
- Please provide company's legal physical address – **Cannot be a P.O Box or residential address.**
- Please provide the **Estimated ACH Volume, Estimated Card Volume, & Estimate Check Volume.**



General Information

* Company Full Legal Name ⓘ	DBA Name ⓘ
* Phone Type	* Phone Number
Company Fax Number	* Company Primary Address line 1 ⓘ
Company Primary Address line 2	* City
* Company State	* Zip Code
* Company Website ⓘ	* Estimated Card Volume
* Estimated ACH Volume	* Estimated Check Volume

## 2. Company Documents

- **W9** – Full legal name of the business, address, Tax ID and needs to be signed and dated.
  - The W9 submitted in the digital MSA environment does not go through the DocuSign process since it is an attachment. This should be signed with an acceptable signature (wet or certified electronic signature).
- **Articles of Incorporation/Organization** – Please make sure it's the original and matches the name on the application and if there's a name change, please upload the name change document in the "Additional Documents".
- **Certificate of Good Standing/ Certificate of Existence/ Certificate of Subsistence/ Certificate of Status** - Please make sure it's within the last 30 days and matches the name on the application.
- **Business License** – Please do not provide the license as it is not an acceptable document.

Company Documents

[Download blank W-9 Form](#)

- \* W9  Or drop files  
Please upload file.
- \* Please provide two forms of Business Verification ⓘ
- \* Articles of Incorporation/organization  Or drop files  
Please upload file.
- \* Certificate of Good Standing  Or drop files  
Please upload file.
- Business License  Or drop files
- Additional Documents  Or drop files

### 3. Applicant Members Tab

- Beneficial Owners – Control Person – Authorized Signer
  - Beneficial Owners – Any **individual** who **owns 25% or more** of the company has to be listed on the application.
  - **Full Legal Name:** There are several sections of the MSA that require an individual’s full legal name. It is important that the prospect is aware that nicknames will not be accepted. Examples are Dave vs David or AJ vs Anthony John. Please make sure the prospect enters their name as it appears on legal documents.
  - **Residential Address:** This information is required for beneficial owner(s), control person and the signer of the MSA. The business address cannot be used in these sections. It is required to provide the primary residential address.
  - **Last 4 digits of SSN** – A credit run will not be conducted. This is strictly to verify the individual listed on the application is associated with the company.

The screenshot shows a 'Personal Information' form with the following fields and highlights:

- Member Type: Beneficial Owner
- Salutation: --None--
- Title: (empty)
- \*First Name: (empty)
- \*Last Name: (empty)
- \*Percent Ownership: (empty)
- \*Last 4 digit of SSN: (empty)
- \*Phone Type: Mobile Phone
- \*Phone Number: (empty)
- \*Date of Birth: (empty)
- \*Email Address: (empty)
- \*Home Address Line 1: (empty)
- Home Address Line 2: (empty)
- \*City: (empty)
- \*State/Prov: AL
- \*Zip Code: (empty)

#### • Identification Details

- Upload a clear copy of Driver’s License or Passport for each Beneficial Owner, Control Person & Authorized signer.
- Driver’s License or passport **cannot be expired**.

The screenshot shows an 'Identification Detail' form with the following fields and highlights:

- \*ID Type: State Driver's License (selected), Passport, Other Government ID
- \*Driver's License Number: (empty)
- \*State of Issuance: AL
- \*Expiration Date of ID: (empty)
- Upload copy of photo ID: Upload Files, Or drop files

## 4. Schedule (if Applicable)

- **Schedule A** - For all properties owned by Company and that of its affiliates for which Company will be paying vendors using Company funds.
- **Schedule B** - Properties managed by Company for which Company will be paying vendors using Company funds under a management agreement.
- **Schedule C** - Company has the right under written agreement to direct funds of listed third party to pay vendors.
- Please make sure to provide Full Legal Business name, Legal Physical Address, Tax ID, DBA Name (if applicable), Sub-company address, Phone Number and **Estimated monthly spend**.

Unidentified Entities  
No Unidentified Entities Exist!

Schedule A  
Configure Entity Settings to enable Schedule A

Schedule B  
Configure Entity Settings to enable Schedule B

Schedule C  
Configure Entity Settings to enable Schedule C

Please specify whether there are additional entities being onboarded with this application submission.

Is the Company making payments on behalf of more than one entity?  Yes  No

Is there a management agreement in place or authorization to enter into agreement on behalf of these entities?  Yes  No

Does the Company own any of the entities on behalf of which is it making payments?  Yes  No

How many entities will be included in this application on Schedule A?

For entities the Company manages, does the Company use Company funds to make payments on behalf of those entities?  Yes  No

How many entities will be included in this application on Schedule B?

Are entities being onboarded where the Company directs entity funds to make payments?  Yes  No

How many entities will be included in this application on Schedule C?