PAYSTATION CPE-CLOUD
Fact Finding Questionnaire

CUSTOMER INFORMATION

Company Name: [ ]

Address 1: [ ]

Address 2: [ ]

City: [ ]

Province: [ ]   Postal Code: [ ]

Current Customer: ◯ Yes   ◯ No

Financial Institution:

◯ Bank of Montréal   ◯ Bank of Nova Scotia   ◯ CIBC
◯ RBC Royal Bank   ◯ TD Canada Trust   ◯ Other

Number of Signing Officers: ◯ 1   ◯ 2   ◯ 3   ◯ 4–9   ◯ 10+
Number of CDN Accounts: ◯ 1   ◯ 2   ◯ 3   ◯ 4–9   ◯ 10+
Number of U.S. Accounts: ◯ 1   ◯ 2   ◯ 3   ◯ 4–9   ◯ 10+

Accounting Package: [ ]

Version: [ ]

Windows Operating System: ◯ 8   ◯ 10   ◯ 11

Network: [ ]

Number of Licenses Needed: ◯ 1   ◯ 2   ◯ 3–5   ◯ 6–9   ◯ 10+

Number of user access: ◯ 1   ◯ 2   ◯ 3–5   ◯ 6–9   ◯ 10+

Locations: ◯ Single   ◯ Multiple   ◯ National   ◯ International

Cheques Issued per Month:

◯ Less than 100   ◯ 101–250   ◯ 251–500   ◯ 501–999
◯ 1000–1499   ◯ 1500–2000   ◯ 2001–4999   ◯ 5000+

Current Cheque Style:

◯ Pre-printed Stock   ◯ Blank/MICR Printed   ◯ Combination

CONTACTS

Our goal is to provide you with the most efficient service—both in setup and configuration of your software as well as while you use it for your cheque processing requirements. Please provide us with contact details for the following areas of responsibility so that we can ensure a smooth communication flow between Paystation and your organization.

PRIMARY CONTACT

Name: [ ]

Title: [ ]

Email: [ ]

Phone: [ ]

PRIMARY ACCOUNTING CONTACT

Name: [ ]

Title: [ ]

Email: [ ]

Phone: [ ]

SYSTEM ADMINISTRATOR

Name: [ ]

Title: [ ]

Email: [ ]

Phone: [ ]

Positive Pay Requirement: ◯ Yes   ◯ No

Positive Pay Bank Specifications have been provided: ◯ Yes   ◯ No

EFT/ACH Requirement: ◯ Yes   ◯ No

EFT/ACH Bank Specifications have been provided: ◯ Yes   ◯ No

Required Date (if applicable): [ ]

Please submit completed questionnaire to your distributor or fax to 905 364 0701