PAYSTATION CPE+
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: _____

Accounting Package: _____

Version: _____

Windows Operating System: ◯ 8 ◯ 10 ◯ 11

Network: _____

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

Database Preferred: ◯ Microsoft Access ◯ Microsoft SQL Server

Types of Software Installation:

◯ Standalone   ◯ Network   ◯ Terminal Server

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: _____

Do you print overflow remittance pages? ◯ Yes ◯ No

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