



Cash Management Request Form

If you would like to discuss cash management services for your business, please complete the form below and a NWSB representative will reach out to you.

Name: _____

Business Name: _____

Phone: _____

Email Address: _____

Products of Interest:

- Online Billpay
- Automated Clearing House (ACH)
- Wire Transfer
- Stop Payments
- Tax Payments – ACH Required
- Remote Deposit Capture
- Internal Transfer
- External Transfer

The following could apply if you are requesting Wire Transfer or Automated Clearing House Services:

THE UNDERSIGNED AUTHORIZES THE NEW WASHINGTON STATE BANK TO OBTAIN SUCH CREDIT INFORMATION AS IT MAY DEEM NECESSARY TO EVALUATE THE CREDIT OF THE ABOVE BUSINESS AND THE UNDERSIGNED AUTHORIZES AND DIRECTS ANY PERSON OR AGENCY TO FURNISH TO THE NEW WASHINGTON STATE BANK SUCH INFORMATION AS IT MAY REQUEST.

Date: _____

By: _____

Title: _____

Click here to submit the form as an email and a NWSB representative will contact you.