

Bank Name: \_\_\_\_\_

Primary Contact: \_\_\_\_\_

Bank Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Invoices Addressed To: \_\_\_\_\_

**Employees who should received information about the group:**

Name

Email



TOTAL ASSETS (Millions)	# BRANCHES	#EMPLOYEES	#YEARS ON SILVERLAKE	IN HOUSE or DATA CENTER

CAPTURE METHOD (X one)		DEPOSIT PLATFORM	LOAN PLATFORM
Branch	Teller		

TELLER SYSTEM (X one)			E-SIGN PLATFORM	
SilverLake Teller Processing	Vertex	Other		

PLEASE INDICATE THE PROVIDER NAME OR N/A IF YOU DO NOT OFFER THE SERVICE		
Bill Pay Solution	Mobile Solution	Synergy or Other Optical
Instant Issue Debit Cards	Remote Deposit Capture	Reward Checking Solution