



### Automated Clearing House (ACH) Addendum

(To be used in conjunction with the Credit Card Application for merchants choosing to process Credit Card and ACH transactions)

STW Short Name: TF-ADVMS      Assoc #: \_\_\_\_\_      Division: \_\_\_\_\_  
 Sales Rep Name DENNIS IDEUE      Sales Rep Code: \_\_\_\_\_      Branch # (if applicable) \_\_\_\_\_

#### Business Information

Merchant DBA Name:	Merchant ID (for internal use only):
What percentage of ACH payments is from: Businesses: _____% Consumers: _____% (Must equal 100%)	Do you have a refund policy? No ____ Yes ____ If yes, please describe exactly as presented to customer:
Describe specific product or services the company offers for which the ACH processing services will be used: <b>TRANSACTION CENTRAL PLUS (PLEASE SET UP)</b>	

#### Processing Information

Have you accepted ACH payments before? No \_\_\_\_ Yes \_\_\_\_ If yes, name of previous ACH processor: \_\_\_\_\_  
 (Please provide the most recent 3 months of ACH processing statements)  
 For Internet merchants, please list all URL's for which the ACH services will be used. Include login's and passwords for any "membership" type websites:

#### Projected ACH Transaction Volume and Threshold Parameters

Maximum Single Transaction Amount:	Maximum Number Daily Transactions:	Maximum Monthly Transaction Amount:	Maximum Number Monthly Transactions:
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#### Projected ACH Transaction Activity

TYPES OF ACH PAYMENTS ACCEPTED AND PERCENTAGE OF TOTAL TRANSACTIONS:

Internet Initiated Entries (WEB)	Telephone Initiated Entries (TEL)	Prearranged Payment & Deposit Entries (PPD)	Corporate Credit or Debit Entries (CCD)
% of Total	% of Total	% of Total	% of Total
_____	_____	_____	_____

**(Must equal 100%)**

#### TELEPHONE Authorizations Must Be Recorded

How are authorizations obtained: \_\_\_\_\_ Recording is done: In house \_\_\_\_\_ By a third-party \_\_\_\_\_  
If by a third-party:  
 Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Dial-in Number: \_\_\_\_\_ Login: \_\_\_\_\_ Password: \_\_\_\_\_  
 Internet URL: \_\_\_\_\_ Login: \_\_\_\_\_ Password: \_\_\_\_\_

#### ACH Fees

Per Transaction: \$ <b>30 cents</b>	Per Return: \$ <b>\$5.00</b>	Discount Rate: % <b>ZERO</b>	Monthly ACH FEE: \$ <b>\$4.00</b>	Application Setup Fee: \$ <b>ZERO</b>
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Merchant Initials \_\_\_\_\_



**ACH Banking Information**

Name of Financial Institution	Routing Number (Shown on the bottom of check)	Bank Account Number ** (Shown on the bottom of the check)	Phone Number
**	_____		

**\*\*AUTHORIZATION FOR AUTOMATIC FUNDS TRANSFER (ACH):** TransFirst is authorized to initiate or transmit automatic debit and / or credit entries to the account identified in the *provided voided check* relating to the above account (\*\*) for all services contemplated under this Agreement. Said authority is granted to TransFirst, its processors and their agents.

Please mark one box indicating the type of account to be used for ACH entries:  Checking Acct

**For purposes of this application, "TransFirst" is TransFirst, LLC, located at 371 Centennial Pkwy, Louisville, CO 80027 and can be contacted at (800) 745-2659.**

Agreement Signature: Each person signing below agrees that they have read and agree to the terms and conditions which have been provided to them and certifies that all information provided in this application is true, correct and complete. Each person authorizes TransFirst or any credit bureau or any credit reporting agency employed by TransFirst or any agent of TransFirst, to make whatever inquiries TransFirst deems appropriate to investigate, verify or research references, statements or data obtained from Merchant for the purpose of this application, including requesting reports from consumer reporting agencies on persons signing below as an owner or general partner of Merchant or as a Guarantor (if such person asks TransFirst whether or not a consumer report was requested, TransFirst will tell such person, and if TransFirst received a report, TransFirst will give such person the name and address of the agency that furnished it). Each person also authorizes TransFirst to give information to others, including other creditors and credit reporting agencies, concerning TransFirst's experience with Merchant. TransFirst may request additional information if TransFirst decides that it is necessary. Each person agrees to notify TransFirst, or its processor(s), of any and all changes which occur from time to time in the information and statements contained herein. Each person understands that TransFirst, or its processor(s), will debit the account specified in the ACH Banking Information above for all setup fees, including any non-refundable application fee, as an ACH item, upon receipt of this completed application, and all subsequent monthly service and transaction fees, via an ACH transaction. **PLEASE CAREFULLY REVIEW THE TERMS AND CONDITIONS OF VERSION 1.908 OF THE ACH TERMS AND CONDITIONS PROVIDED TO YOU AND AVAILABLE AT WWW.TRANSFIRST.COM/REGULATIONS.HTML, WHICH ARE HEREBY INCORPORATED BY REFERENCE. BY SIGNING BELOW, (i) YOU ACKNOWLEDGE THAT YOU HAVE READ, UNDERSTOOD AND AGREE TO THOSE TERMS AND CONDITIONS AND (ii) YOU AGREE TO ACCEPT ELECTRONIC NOTIFICATION OF ANY CHANGES TO THOSE TERMS AND CONDITIONS.**

**Merchant Signature:**

X  
\_\_\_\_\_  
Merchant Signature (Principal or Owner)

\_\_\_\_\_  
Name (Print or Type) Title

\_\_\_\_\_  
Date

**Guarantor Signature:**

X  
\_\_\_\_\_  
Guarantor Signature

\_\_\_\_\_  
Name (Print or Type)

\_\_\_\_\_  
Date

**FOR INTERNAL USE ONLY**

\_\_\_\_\_  
Accepted by Processor Date

\_\_\_\_\_  
Print Name Title