



TEST Acknowledgement and Authorization for FREE TEST NSF Check and ACH (EFT) Decline Recovery Service

| | | | | |
|-------------------------------------|----------------------------|--------------------------------|--|----------|
| Merchant's Legal Business Name | | Doing Business As | | |
| Street Address | | City | State | Zip Code |
| Mailing Address | | City | State | Zip Code |
| County (Very Important) | # of Locations | Phone Number | Fax Number (very important) | |
| Contact Person/Title | | email address (very important) | | |
| Ownership - Partnership/Corporation | Year Est. | Federal Tax ID | Social Security Number (proprietorships) | |
| Type of Business | Products/Services provided | | | |

SeeTek, LLC. (Processor) hereby agrees to accept NSF Checks and/or returned ACH items for electronic collection recovery in TEST mode. The Processor **will not** charge Client or payment authorizer for the recovery of the unpaid TEST items. NSF Payment recoveries will be deposited at 100%. This agreement is valid for a thirty (30) day term and is automatically renewed for thirty (30) days for a total of 60 days unless either party gives written notice to cancel. Client authorizes the Processor to initiate credit/debit entries to its checking account as part of the TEST service of completing the recovery with deposit of the items. The Undersigned certifies the accuracy of the Client information provided herein and has obtained ACH authorizations by the following method(s):

Initial: _____ Client agrees to follow the latest NACHA guidelines for check/ACH acceptance and electronic re-resentation. For checks by either placing a sticker/notice at the point of sale or using acceptable language on invoices/websites/contracts, Terms and Conditions, etc. For ACH, Client, per NACHA rules, must have signed authorizations from its customers.

Merchant Signature _____ Print name _____ Title _____

SeeTek Signature _____ Print Name _____ Title _____

ISO Partner _____ Number _____ Date _____

Include a voided check for direct deposit of collected items and completion of report set up

Fax completed form to 1-866-867-4365 or email to:

jayson.french@SeeTekCorp.com

1-833- GET SWRD (438-7973)

