



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 (<i>proprietorships</i>)	
Type of Business	Products/Services provided			# Of Monthly NSF Checks

NO COST Digital NSF Check and ACH Collection Service

eCashFlow Services LLC. (Processor) hereby agrees to attempt to electronically collect all NSF checks forwarded to it by the Merchant. The Processor **will not** charge the Merchant anything for the electronic collections service (including **no monthly fees**) but will charge the NSF check writer the state allowed NSF fee. This agreement is valid for a two year term and is automatically renewed every two years unless written notice is given by either party with 30 days notice. The Merchant authorizes the Processor to initiate credit/debit entries to its checking account for providing the service, though debit entries can only equal the amount of the Processor's deposit that has been reversed by the check writer. The Undersigned certifies the accuracy of all of the Merchant information provided herein and Merchant will obtain check writer authorizations by the following method(s):

Initial: _____ Merchant agrees to follow the latest NACHA guidelines for check acceptance and electronic check representation by either placing a sticker/notice at the point of sale, or using acceptable language on invoices/websites/contracts etc.

******NO COST SECONDARY COLLECTIONS OPTION**

Initial: _____ Merchant hereby authorizes the Processor to use secondary collection methods to collect all checks that cannot be collected electronically. Secondary methods may include contacting the check writer by telephone and/or mail. If contacts fail to produce payment, legal means will be utilized to recover full face value of check. A network of law firms across the country may also be used who specialize in collections. This service is offered at NO COST so that the Merchant receives 100% of the face value of each collected check.

Signature _____ **Print Name** _____ **Title** _____

Attach Voided Check Here

Returned Item Release Authorization

TO WHOM IT MAY CONCERN:

I/we hereby authorize and instruct you **to mail all returned checks and returned ACH items to:**

eCashFlow Services LLC
PO Box 371980
Denver, Co 80237

This address and authorization supersedes and cancels all prior authorizations and instructions. This authorization applies to all return items and is to remain in effect until canceled in writing. Please forward all return items **after the first presentment.** The Merchant authorizes the Processor to initiate credit/debit entries to its checking account for providing the service, though debit entries can only equal the amount of the Processor's deposit that has been reversed by the check writer.

Do Not Present Items a Second Time.

If you have any questions, please contact 1-888-339-6062

BANK INFORMATION

Bank Name _____
Address _____
City _____ State _____ Zip _____ Phone (____) _____
***Bank Fax (____) _____ Contact Name _____

MERCHANT INFORMATION

Merchant (Account Name) _____
Address _____ City _____
State _____ Zip _____ Phone (____) _____ Fax (____) _____
Routing # (9 digits) _____ Account # _____
Merchant Authorized Signature _____
Print Name _____ Title _____ Date _____



******MERCHANT INSTRUCTIONS:** Fill out and fax back to 978-656-6163 & we will forward to your bank

SALES:efts _____

FORM B