

**ACH/ELECTRONIC CHECK SERVICE ENROLLMENT FORM / ADDENDUM**

DATE:	<input type="checkbox"/> NEW LOCATION <input type="checkbox"/> ADD LOCATION	REP NAME: <b>Shawn Erwin</b>	REP PHONE #: <b>(727)5129560</b>	REP #: <b>46671</b>	SHORT NAME: <b>MS0SMPLX</b>
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**COMPANY INFORMATION**

EXISTING ELAVON MERCHANT ID (MID):					
DBA NAME:			CONTACT NAME:		
DBA ADDRESS TYPE:		DBA ADDRESS:		CONTACT EMAIL:	
CITY:		STATE:	ZIP:	DBA PHONE #:	
COUNTRY OF PRIMARY BUSINESS OPERATIONS:				DBA FAX #:	
BUSINESS COUNTRY OF FORMATION:					
ANNUAL REVENUE: \$					
CIP EXEMPTION:					
BENEFICIAL OWNER EXEMPTION:					

**COMPLETE PRINCIPAL SECTION WHEN ADDING ECS TO EXISTING CUSTOMERS**

**PRINCIPAL 1 INFORMATION (INCLUDE ALL ADDITIONAL OWNERS WITH 25% OR GREATER OWNERSHIP (INDIVIDUAL OR INTERMEDIARY BUSINESS) ON THE ADDL OWNERSHIP FORM)**

◆ <input type="checkbox"/> BENEFICIAL OWNER: PERCENTAGE OF OWNERSHIP _____ %		<input type="checkbox"/> AUTHORIZED SIGNER	◆ TITLE:		
◆ ADDITIONAL BENEFICIAL OWNERS?		<input type="checkbox"/> RESPONSIBLE PARTY	EXEMPTION CLASS:		
◆ FIRST NAME:		▶ MIDDLE NAME:		◆ LAST NAME:	
◆ ADDRESS:				◆ ADDRESS TYPE:	
◆ CITY:		◆ STATE/PROVINCE:	◆ ZIP/POSTAL CODE:	◆ COUNTRY:	
◆ DOB:		◆ COUNTRY(S) OF CITIZENSHIP:		▶ PHONE #:	
<i>PREVIOUS ADDRESS IF CURRENT ADDRESS IS LESS THAN 2 YEARS</i>					
▶ HOME ADDRESS:		▶ CITY:		▶ STATE:	▶ ZIP CODE:
▶ ID TYPE: <b>SSN</b>		▶ ID #:		▶ IF OTHER- ID TYPE:	
▶ IF OTHER ID #:		▶ IF OTHER ID - COUNTRY OF ISSUANCE:		▶ IF OTHER GOVERNMENT ISSUED - ID NAME:	
◆ IDENTIFICATION DOCUMENT:		▶ ISSUING COUNTRY (IF APPLICABLE):		▶ ISSUING STATE (IF APPLICABLE):	
◆ DOCUMENT #:		▶ ISSUE DATE:		▶ EXPIRY DATE:	
PRINCIPAL ADDRESS MATCHES THE ADDRESS ON THE PRIMARY IDENTIFICATION DOCUMENT ABOVE UNLESS OTHERWISE NOTED.					<input type="checkbox"/> ALTERNATE DOCUMENT INCLUDED IF NO ADDRESS MATCH

**COMPLETE LEGAL COMPANY INFORMATION SECTION WHEN ADDING ECS TO EXISTING CUSTOMERS**

**LEGAL COMPANY INFORMATION**

<input type="checkbox"/> SOLE PROPRIETOR <input type="checkbox"/> C CORPORATION <input type="checkbox"/> S CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> UNINCORPORATED ASSOCIATION <input type="checkbox"/> TAX EXEMPT ORGANIZATION (INCLUDE DOCUMENTS THAT SUPPORT EXEMPT STATUS) <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> TRUST <input type="checkbox"/> ESTATE <input type="checkbox"/> LIMITED LIABILITY COMPANY – TAX CLASSIFICATION (D=DISREGARDED ENTITY, C=C CORPORATION, S= S CORPORATION, P=PARTNERSHIP):                    (IF LLC, PLEASE INDICATE D, C, S OR P)					
◆ LEGAL BUSINESS NAME*:					
<i>*NAME (OF BUSINESS) AS SHOWN ON YOUR BUSINESS INCOME TAX RETURNS. FOR SOLE PROPRIETORS, THIS SHOULD ALWAYS BE THE OWNER'S NAME.</i>					
◆ LEGAL BUSINESS ADDRESS (NO PO BOX):				▶ TIN (EMPLOYER ID #):	
				OR	
◆ CITY:		◆ STATE:	◆ ZIP CODE:	▶ TIN (SOCIAL SECURITY #):	

PROCESSING AND SERVICE OPTIONS			
ANNUAL CHECK VOLUME: \$		MAXIMUM CHECK AMOUNT: \$	
AVERAGE CHECK AMOUNT: \$		MONTHLY MINIMUM: \$	
ECS- PAPER CHECK CONVERSION		ACH ECHECK – CARD NOT PRESENT (CNP)	
<b>PROCESSING OPTIONS:</b> <input type="checkbox"/> POP – POINT OF PURCHASE <input type="checkbox"/> ARC – ACCOUNTS RECEIVABLE CONVERSION <input type="checkbox"/> BOC – BACK OFFICE CONVERSION		<b>PROCESSING OPTIONS:</b> <input checked="" type="checkbox"/> CONCURRENT ENROLLMENT (INCLUDES: WEB, TEL, PPD AND CCD) = XNP <input type="checkbox"/> INDIVIDUAL ENROLLMENT - CHOOSE ONE (ONE PER MID) <input type="checkbox"/> WEB – INTERNET INITIATED ENTRIES <input type="checkbox"/> TEL/IVR – TELEPHONE INITIATED ENTRIES <input type="checkbox"/> PPD – PREARRANGED PAYMENT ENTRIES <input type="checkbox"/> CCD – CORPORATE TO CORPORATE ENTRIES <b>CONVERGE SETUPS WILL BE CONCURRENTLY ENROLLED IN ALL PRODUCT TYPES = XNP</b>	
<b>SERVICE:</b> <input type="checkbox"/> <b>CONVERSION WITH GUARANTEE</b> DISCOUNT RATE: _____ % PER TRANSACTION: \$ _____ PER RETURN TRANSACTION: \$ _____  <input type="checkbox"/> <b>CONVERSION WITH VERIFICATION</b> OR <input type="checkbox"/> <b>CONVERSION ONLY</b> PER TRANSACTION: \$ _____ PER RETURN TRANSACTION: \$ _____		<b>SERVICE:</b> <input type="checkbox"/> <b>ACH-ECHECK WITH VERIFICATION</b> PER TRANSACTION: \$ _____ PER RETURN TRANSACTION: \$ _____  <input checked="" type="checkbox"/> <b>ACH-ECHECK CONVERSION ONLY</b> PER TRANSACTION: \$ _____ PER RETURN TRANSACTION: \$ _____	
OTHER ECS CHECK CONVERSION SERVICE REQUESTS			
<input type="checkbox"/> PROMPTS FOR DRIVER'S LICENSE NUMBER, STATE OF LICENSE ISSUANCE AND TELEPHONE NUMBER (REQUIRED FOR GUARANTEE SERVICE)			
ACH-ECHECK QUESTIONNAIRE			
1. WHAT TYPES OF PAYMENTS WILL YOU ACCEPT USING ACH-ECHECK (E.G., UTILITY BILL PAYMENTS, MONTHLY RENT PAYMENTS, MONTHLY BILLING FOR GENERAL SERVICES)?  2. WILL YOU OBTAIN AUTHORIZATION FROM YOUR CUSTOMERS PRIOR TO ACCEPTING AN ACH ENTRY IN ACCORDANCE WITH THE ECS MOG (E.G., ORALLY VIA TELEPHONE FOR TEL/IVR, OR IN WRITING FOR PPD)? <input type="checkbox"/> Yes <input type="checkbox"/> No 3. WILL YOU VERIFY AND AUTHENTICATE THE IDENTITY OF YOUR CUSTOMERS IN ACCORDANCE WITH THE ECS MOG PRIOR TO INITIATING ACH ENTRIES FOR THOSE CUSTOMERS (E.G., BY OBTAINING A CUSTOMER'S NAME, ADDRESS AND TELEPHONE NUMBER OR USING A DATABASE TO VERIFY THE ACCURACY OF THE INFORMATION PROVIDED BY CUSTOMER)? <input type="checkbox"/> Yes <input type="checkbox"/> No 4. WILL YOU OFFER ACH-ECHECK TO EXISTING OR NEW CUSTOMERS? <input type="checkbox"/> EXISTING <input type="checkbox"/> NEW 5. WILL YOU MAINTAIN AND DISCLOSE TO YOUR CUSTOMERS PROCEDURES FOR CANCELLING AN AUTHORIZATION? <input type="checkbox"/> Yes <input type="checkbox"/> No 6. WILL YOU ENSURE THAT INFORMATION REGARDING EACH TRANSACTION AUTHORIZATION ENTERED BY A CUSTOMER AND/OR YOUR SERVICE REPRESENTATIVE IS ACCURATE AND NOT A DUPLICATE TRANSACTION? <input type="checkbox"/> Yes <input type="checkbox"/> No			
COMPANY ACKNOWLEDGMENT			
By signing below, you: (i) warrant the truthfulness and accuracy of the information provided herein; (ii) agree to comply with the terms and conditions for the Electronic Check Services and ACH-Echeck (as applicable) provided to you by Elavon, the Terms of Service (TOS) (the "Agreement") and the Electronic Check Service Operating Guide (the "ECS MOG"); and (iii) agree to pay the fees set forth herein and in the Agreement. This Electronic Check Services Enrollment Form/Addendum is made a part of the Agreement. The TOS and the ECS MOG are incorporated herein. The TOS is located at our website at <a href="https://www.merchantconnect.com/CWRWeb/pdf/TOS_ENG.pdf">https://www.merchantconnect.com/CWRWeb/pdf/TOS_ENG.pdf</a> and the ECS MOG is located at located at <a href="https://www.mypaymentsinsider.com/api/file/en_US/154907/ECS_Op%20Guide_Eng.pdf">https://www.mypaymentsinsider.com/api/file/en_US/154907/ECS_Op%20Guide_Eng.pdf</a> and <a href="https://www.merchantconnect.com/CWRWeb/pdf/ECS_MOG.pdf">https://www.merchantconnect.com/CWRWeb/pdf/ECS_MOG.pdf</a> .			
SIGNATURE: X	PRINTED NAME:	TITLE:	DATE:
NOTES TO CREDIT:			