



Credit Origination Addendum

Please complete the fields below. Once complete, please submit this request through email to support@vericheck.com or contact us at 844.980.4VCI. ***This form must be signed by the authorized individual to be processed.***

Merchant Information	
Business Name:	Merchant Identification Number (MID):
Current PIN:	Business Tax ID:

Please note: the above information must be complete and accurate. The legal name should match IRS records. This form is not to be used for changes to the Tax ID.

Requested Information	
Low Dollar Amount:	Maximum Monthly Volume Amount:
High Dollar Amount:	Monthly Transaction Amount:
Average Dollar Amount:	Requested Credit Maximum:

Briefly describe what purpose Credit Origination feature will be used for:

I authorize VeriCheck to debit our account for all funds initiated via the Check Credit/Credit Origination console feature.

Merchant understands and accepts full responsibility for all Credit Origination transactions submitted through this process. Fraud Prevention at Merchant level is solely the responsibility of the Merchant.

Outgoing transactions will not be funded to the receiving account until cleared funds have been received from the Merchant Account.

Signer accepts Personal Guarantee of funds initiated from Merchant Credit Origination console.

Print Name: _____ Title: _____

Authorized Signer: _____ Date: _____

For Office Use Only

Processor assigned Credit Origination PIN: