



Merchant Application and ACH Origination Agreement Terms & Conditions

In order to apply for an ACH merchant account, please complete this Merchant Application and ACH Origination Agreement Terms & Conditions form.

Once completed, please print, sign and date, and return to your VeriCheck sales representative.

- *If you are not working with a VeriCheck sales representative, you may email your completed application and supporting documents to applications@vericheck.com*

Along with your completed application, please submit the following supporting documents:

- **Copy of a valid Driver's License**
 - *Must match signer*
- **Voided Check** or Bank Letter
 - *Bank letter must be on bank letterhead and include your business name, account and routing number, and the bank representatives contact information*
- **Sample Authorization Form**

If you are requesting more than \$25,000 in monthly processing volume, please also include a copy of your most recent bank statement.

Additional documentation will be requested, as needed.

Please be sure to retain a copy of this Application and Agreement for your own records.

Thank you for your business!



Application

*Please complete the application by typing in each cell. Please note that there are two sets of signatures required.
Any missing information may delay the timely processing of your request.*

ISO Use Only			
ISO Name and Number #	Agent Name and Number #	Source of Lead	
Business Information			
Legal Business Name (Owner's Personal Name if Sole Proprietor)		DBA	Business Start Date
Business Type: <input type="checkbox"/> Individual/Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> LLP <input type="checkbox"/> Non-Profit <input type="checkbox"/> Public/Government			
EIN (or SSN if sole proprietor)	Business Phone Number	Customer Support Phone Number	Hours of Operation
Business Physical Address, City, State, Zip			
Mailing Address, City, State, Zip			
Website			
Will the website indicated above be used to obtain authorization for payments? <input type="checkbox"/> No <input type="checkbox"/> Yes			
Contact Information			
Contact Name		Telephone (Text Enabled) <input type="checkbox"/>	Email Address
Ownership Information			
<i>Please list at least one corporate officer, as well as all owners with 25% or greater ownership in the company.</i>			
Owner/Officer Name		Owner/Officer Title	Ownership Percentage %
Social Security Number	Date of Birth	Driver's License or Identification Number	State
Physical Home Address, City, State, Zip		Home or Mobile Telephone (Text Enabled) <input type="checkbox"/>	
Owner/Officer Name		Owner/Officer Title	Ownership Percentage %
Social Security Number	Date of Birth	Driver's License or Identification Number	State
Physical Home Address, City, State, Zip		Home or Mobile Telephone (Text Enabled) <input type="checkbox"/>	
Owner/Officer Name		Owner/Officer Title	Ownership Percentage %
Social Security Number	Date of Birth	Driver's License or Identification Number	State
Physical Home Address, City, State, Zip		Home or Mobile Telephone (Text Enabled) <input type="checkbox"/>	
Owner/Officer Name		Owner/Officer Title	Ownership Percentage %
Social Security Number	Date of Birth	Driver's License or Identification Number	State
Physical Home Address, City, State, Zip		Home or Mobile Telephone (Text Enabled) <input type="checkbox"/>	

Product Information					
Detailed Description of Products or Services Offered					
Sales Profile (Please mark all that apply and estimate the percentage of sales in each category – must add up to 100%)					
<input type="checkbox"/> Retail (Face to Face) %	<input type="checkbox"/> Internet %	<input type="checkbox"/> Mail/Telephone %	<input type="checkbox"/> Other %		
Customer Profile (Please mark all that apply and estimate the percentage of sales in each category – must add up to 100%)					
<input type="checkbox"/> Consumer %		<input type="checkbox"/> Business %		<input type="checkbox"/> Government %	
What methods will be used to obtain authorization before payments are initiated? Please provide detailed response:					
How long after charging the customer is the product fulfilled or does the service begin? <input type="checkbox"/> 24 Hours <input type="checkbox"/> 48 Hours <input type="checkbox"/> 3 – 5 Days <input type="checkbox"/> 7 – 14 Days <input type="checkbox"/> 15 – 30 Days <input type="checkbox"/> 31 – 90 Days <input type="checkbox"/> 90 Days +					
Do you offer time-extended services, such as subscriptions, memberships, warranties, etc.? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please specify the duration of the extended service:					
Processing Information					
<i>Company understands and accepts full responsibility for all transactions originated through VeriCheck. Fraud Prevention is the sole responsibility of the Merchant.</i>				Anticipated Start Date:	
Are you currently processing? <input type="checkbox"/> Yes <input type="checkbox"/> No Processor Name:			Reason for leaving:		
Have you ever been terminated by a processor? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide an explanation:					
Indicate the anticipated Standard Entry Class (SEC) Code(s) you will be using: <input type="checkbox"/> ARC (Accounts Receivable check conversion) <input type="checkbox"/> CCD (Business Account – Signed Auth) <input type="checkbox"/> TEL (Telephone Authorization) <input type="checkbox"/> BOC (Back Office check conversion) <input type="checkbox"/> PPD (Personal Account – Signed Auth) <input type="checkbox"/> WEB (Internet or Website Authorization) <input type="checkbox"/> POP (Point of Purchase check conversion)					
Software/Gateway Type <input type="checkbox"/> VCIpayments <input type="checkbox"/> Accept.Blue <input type="checkbox"/> USAePAY <input type="checkbox"/> NMI <input type="checkbox"/> RestAPI <input type="checkbox"/> Other:				Who will set up gateway? <input type="checkbox"/> ISO <input type="checkbox"/> VeriCheck	
<input type="checkbox"/> ACH Debit Origination (Obtaining payment for monies owed to you)					
Monthly Transaction Count	Monthly Transaction Amount \$	High Ticket Amount \$	Average Ticket Amount \$		
<input type="checkbox"/> ACH Credit Origination (Sending payments you owe to others)					
<i>By checking this box and complete the limits below, I authorize VeriCheck to debit our account(s) for all funds initiated for credit origination. I understand and accept full responsibility for all credit originations submitted to VeriCheck. Fraud prevention is solely our responsibility. Transactions will not be funded to the receiving account until cleared funds have been received from our account</i>					
Monthly Transaction Count	Monthly Transaction Amount \$	High Ticket Amount \$	Average Ticket Amount \$		
Bank Information					
Name on Account		Account Type <input type="checkbox"/> Personal Checking <input type="checkbox"/> Personal Savings <input type="checkbox"/> Business Checking <input type="checkbox"/> Business Savings			
Bank Name		Branch Phone Number	Branch Address		
Settlement Bank Routing (ABA/Transit) Number			Settlement Bank Account Number		
Billing Bank Routing (ABA/Transit) Number <i>(optional)</i>			Billing Bank Account Number <i>(optional)</i>		
Fee Schedule					
<input type="checkbox"/> Bill High Ticket Discount <i>(Applies 0.25% to all transactions above \$5,000.00)</i>					
Base Per Transaction Fee \$	Tier 2 Per Transaction Fee <i>(optional)</i> \$ for Transactions >\$		Tier 3 Per Transaction Fee <i>(optional)</i> \$ for Transactions >\$		Account Validation Transaction Fee \$
Base Discount Rate %	Tier 2 Discount Rate <i>(optional)</i> % for Transactions >\$		Tier 3 Ticket Discount Rate <i>(optional)</i> % for Transactions >\$		Settlement Fee \$
Application Fee \$	Monthly Service Fee \$	Monthly Minimum \$	Regular Return Fee \$	Unauthorized Return Fee \$	Annual Fee \$

Origination Agreement and Certification of Beneficial Ownership (Signature Required)**Origination Agreement**

The person signing this Application on behalf of the Company identified herein acknowledges that he or she is authorized to enter into this Membership Application and Service Agreement ("Agreement"), that he or she has downloaded, read and understands the Terms and Conditions of the Agreement (Version 8.0 dated 1/1/2022), which are incorporated by reference herein, and that the Company agrees to be bound by the Agreement and that all the information in this Application is true and correct and may be relied upon by VCI. Additionally, Company authorizes VCI to make business and personal credit inquiries from time to time.

Certification of Beneficial Ownership

By signing below, I attest that I have accurately provided the name, address, date of birth and Social Security Number (SSN) for the following individuals (i.e. the beneficial owners):

- (i) Each individual, if any, who owns directly or indirectly, 25 percent or more of the equity interests of the legal entity customer (e.g., each natural person that owns 25 percent or more of the shares of a corporation); and
- (ii) An individual with significant responsibility for managing the legal entity customer (e.g., a Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, or Treasurer).

The number of individuals that satisfy this definition of "beneficial owner" may vary. Under section (i), depending on the factual circumstances, up to four individuals (but as few as zero) may need to be identified. Regardless of the number of individuals identified under section (i), you must provide the identifying information of one individual under section (ii). It is possible that in some circumstances the same individual might be identified under both sections (e.g., the President of Acme, Inc. who also holds a 30% equity interest). Thus, a completed form will contain the identifying information of at least one individual (under section (ii)), and up to five individuals (i.e., one individual under section (ii) and four 25 percent equity holders under section (i)).

I, the undersigned certify that all of the information furnished above with regard to information for each individual, if any, who directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, owns 25 percent or more of the equity interests of the legal entity listed above is complete and accurate.

Owner/Officer #1 Name	Owner/Officer #1 Title	Signature and Date
Owner/Officer #2 Name	Owner/Officer #2 Title	Signature and Date

Personal Guaranty (Signature Required)

By signing below, each individual ("Guarantor") jointly and severally (if there is more than one Guarantor) and unconditionally guarantees to VeriCheck, Inc. ("VCI") and VCI's Originating Depository Financial Institution ("ODFI") the prompt payment and full and complete performance of all obligations of the Company identified in this Agreement, as the same may be amended from time to time, including, without limitation, all promises and covenants of the Company, and all amounts payable by the Company under the Agreement, including, without limitation, charges, interest, costs and other expenses, such as attorneys' fees and court costs. This is a Guaranty of payment and not of collection. Each Guarantor agrees that his or her liability under this guaranty is absolute and will not be limited or canceled because: (1) the Agreement cannot be enforced against the Company for any reason, including, without limitation, bankruptcy proceedings; (2) VCI agrees to changes or modifications to the Agreement, with or without notice to Guarantor; (3) VCI releases any other Guarantor from any obligation under the Agreement; (4) any law, regulation, or order of any public authority affects the rights of either VCI or the Company under the Agreement; and/or (5) anything else happens that may affect the rights of VCI against the Company or any other Guarantor. Each Guarantor further agrees that: (a) VCI may delay enforcing any of its rights under this Guaranty without losing such rights and hereby waives any applicable statute of limitations; (b) VCI can demand payment from such Guarantor without first seeking payment from the Company or any other Guarantor or from any security held by VCI; and (c) such Guarantor will pay all court costs, attorney's fees, and collection costs incurred by VeriCheck, Inc. in connection with the enforcement of the Agreement or this Guaranty, whether or not there is a lawsuit, and such additional fees and costs as may be directed by a court.

Owner/Officer #1 Name	Owner/Officer #1 Title	Signature and Date
Owner/Officer #2 Name	Owner/Officer #2 Title	Signature and Date

VeriCheck Use Only

Date Received	Status <input type="checkbox"/> Approved <input type="checkbox"/> Declined	
Approved By (Name and Signature)	Declined By (Name and Signature)	Date