

## ADDENDUM ACH/CHECK PROCESSING

Federal Tax ID #	National American Industrial Classification Code: (NAICS)
Has this business/principal(s) been terminated for electronic check processing? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>	
Do you have a written refund policy? If yes, please provide a copy or URL _____ <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>	

<b>Activity Monitoring Information</b>			
Single Transaction Limit: \$ _____	Daily DEPOSIT Limit: \$ _____	Highest Single RETURN Amount: \$ _____	Deposit Frequency: Daily or _____ Times/Week
Estimated Monthly Transactions: _____ Transaction volume	Monthly DEPOSIT Limit: \$ _____	Monthly RETURN Volume: \$ _____ # of Items: _____	

<b>Single Transaction Limit \$</b> Maximum dollar amount allowed for a single debit or credit transaction	<b>Estimated Monthly Transactions</b> Highest number of items processed during the month
<b>Daily Deposit Limit</b> Maximum dollar amount of total transactions allowed per day	<b>Monthly Deposit Limit</b> Maximum dollar amount of total transactions allowed per month

PRICING		
<input type="checkbox"/>	Transactions <25k Discount Rate:	%
<input type="checkbox"/>	Transactions >25k Discount Rate:	%
<input type="checkbox"/>	Monthly Fee	\$
<input type="checkbox"/>	Return Fee	\$
<input type="checkbox"/>	Transaction Fee	\$
<input type="checkbox"/>	Simple Pay Transaction Fee	\$
<input type="checkbox"/>	Batch Fee	\$

<b>Transaction Types (Select all which apply)</b>		
<input type="checkbox"/> PPD – Prearranged Payment	<input type="checkbox"/> TEL – Telephone Initiated Payment*	<input type="checkbox"/> 937 – ICL Image Debit & Deposit
<input type="checkbox"/> CCD – Corp. Cash Disbursement	<input type="checkbox"/> WEB – Web Initiated Payment*	<b>*WEB &amp; TEL requires additional documents</b>

**Statement of Personal Guarantee**  
**Guarantee:** The undersigned guarantees to DCS the performance of the Agreement, and any addendum thereto by Merchant, including payment of all sums due and owing and costs associated with the enforcement of the terms thereof. DCS shall not be required to first proceed against the Merchant or enforce any other remedy before proceeding against the undersigned individual. This is a continuing guarantee and shall not be discharged or affected by the death of the undersigned and shall bind the heirs, administrators, representatives and assigns and be enforced by or for the benefit of any successor of DCS. The term of this guarantee shall be for the duration of the Merchant Processing Agreement and any addendum thereto and shall guarantee all obligations which may arise in connection with my activities during the term thereof though enforcement shall be sought subsequent to any termination.

Signature: _____	Printed Name: _____	SSN: _____	Date: _____
Signature: _____	Printed Name: _____	SSN: _____	Date: _____

**Acknowledgement of Restrictions and Terms and Conditions (Required)**  
 Merchant certifies that all information set forth in this completed Merchant Processing Agreement is true and correct and that Merchant has received a copy of the Restrictions and Terms and Conditions which are a part of this Agreement, and by this reference incorporated herein. [INSERT URL HERE]

Initials: _____	Date: _____
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### AUTHORIZATION AGREEMENT FOR ACH CREDIT AND OR DEBIT

I (we) hereby authorize DCS Holdings Group, LLC., to initiate Automated Clearing House (ACH) credit and or debit entries to Checking Account/Savings Account indicated in the Bank Information section of this application at the depository financial institution named and to credit and or debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law. Further all ACH credits and or debits must be for services provided or rendered in accordance with the agreements I (we) have with DCS Holdings Group, LLC.

Subsequent credits and/or debits will be executed within three days of notification after the generation of a new invoice. This authorization is to remain in full force and effect until DCS Holdings Group, LLC has received notification from me (or either of us) in writing or in person of my (our) desire to terminate this authorization. I (we) agree to give such notice 30 days prior to the next scheduled draft to allow DCS Holdings Group, LLC and DEPOSITORY a reasonable opportunity to act on it. This service may not be shared.

By completing this form and signing below, I agree that I have read and understand this agreement and have received a copy of this document for my records.

Signature: _____	Printed Name: _____	Date: _____	
Signature: _____	Printed Name: _____	Date: _____	