

Seamless Chex ACH Application



SeamlessChex

For Expedited Account Approval Please Email or Fax Application along with:
 • Voided Check

Main: 888-998-2439

Email: eaibert@seamlesschex.com

Fax: 888-370-9226

Business Information

Business DBA Name:			Legal Name:		
Physical Street Address:			Legal Address:		
City:	State:	Zip:	City:	State:	Zip:
DBA Phone:			Corp Phone:		
Contact Name:			Contact Email:		
Customer Service Phone #:			Website URL:		
Legal Entity: <input type="checkbox"/> Corp <input type="checkbox"/> Sole Prop <input type="checkbox"/> LLC <input type="checkbox"/> Partnership			Tax ID/SSN:		

Business Profile

Types of goods or services sold:

Do you currently process/sell: ACH Payments Credit Card Payments Gift Cards/Phone Cards Other

How do you accept payments: Walk-in Mail Phone Operator Phone via IVR Internet

Monthly ACH Volume: _____ Average Ticket: _____ Highest ACH Ticket: _____

Describe exactly what you will use your ACH account for:

Owner/Officer Information

First:	Last:	First:	Last:		
Home Address:		Home Address:			
City:	State:	Zip:	City:	State:	Zip:
Title:	% Owned:	Title:	% Owned:		
Phone:	DOB:	SSN:	Phone:	DOB:	SSN:

Bank Information (Attach Voided Check or Bank Letter)

Bank Name:	Contact:	Phone:
Routing Number:	Account Number:	

ACH Product Grid (Check all services required)

ACH Services/Transaction Types	# Of Items Per Month	Cost Per Item	Percentage
<input type="checkbox"/> PPD: Pre-Authorized Payments, Debits & Recurring			
<input type="checkbox"/> CCD: Business/Corporate, Single or Recurring Debit/Credit			
<input type="checkbox"/> TEL: Telephone Authorization of Checking Acct. Debit			
<input type="checkbox"/> WEB: Checks over the Internet (Customer Initiated)			
ACH Credits: Will you use this system to electronically forward others money?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, is this for: <input type="checkbox"/> Payroll <input type="checkbox"/> Payday Loan <input type="checkbox"/> Bill Pay <input type="checkbox"/> Other:			

Returned Item Fees	Cost Per Item:
Returns/NOCs: Checks Returned for NSF (Non-Sufficient Funds) or Other Return	
Chargebacks/Unauthorized Returns A	
RCK: Returned Checks – Automatic Redeposit of Paper Items	

Other Fees	Monthly Fee:	Setup Fee: \$0	Batch Fee:
Late Returns:	NOC Auto Correct:	NSF of Monthly Fees:	
Funding Options	Daily Volume Requested:	Days Required to Clear:	

Reserve and Prefunding

Reserve %:	Duration/Cap:	Prefunding Amount:	<input type="checkbox"/> Daily Discount
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Merchant Initials _____

Merchant Approval

Authorization: I authorize Seamless Checks, LLC, ACH Solutions, or its ODFI and sponsoring bank to initiate periodic credits and debits from my depository accounts as indicated on this application for electronic funds transfer transactions, I have performed. I understand that debits for fees due for such transactions initiated will occur on or before the 16th and 2nd day of each month. Authorizations for such debits to designated accounts will remain in full force and effect until ACH Solutions has received written notification from Company 30 days prior to termination of services.

Personal Guaranty: By my signature below, I acknowledge that I am fully and personally responsible for the performance of this account according to the NACHA rules and regulations; for full payment of all fees due; for any fraud or misconduct of any member of my staff; for coverage of any return or disputed debits and for the authenticity and legitimacy of transactions put through the ACH system. Such guaranty survives termination of this agreement or dissolution of business.

Change of Information: In order to allow proper processing, I agree to provide any new financial institution information to ACH Solutions at least 15 days prior to closing or changing the accounts designated in this Application.

Cancellation: Either party may cancel this Agreement with 30 days written notice to the other party which will allow completion of prior transactions which may be in process.

Survives Termination: Authorization to debit designated accounts for NSF's, reversals, disputed items or fees legitimately due under this agreement will survive termination of this Agreement for a minimum of 90 days after the cancellation of services.

Compliance: I hereby acknowledge and agree to abide by all rules and regulations as provided for in NACHA, government and banking regulations as they apply to Electronic Funds Transfer or Electronic Check Conversion and Remote Deposit Capture.

Authorized Signatures:

(Must be Authorized Officer of the Company) Name (Printed) Date

X_____

Accepted by Seamless Checks, LLC & ACH Solutions on behalf of UMS Banking & United Merchant Services of California, Inc

Signing for United Merchant Services: Name (Printed) & Title Date

X_____

Merchant Initials_____