

Check Processing Application

1.a. Processing Solutions Required (check boxes)

*Additional documents may be required from our underwriters once the above information is reviewed.

- | | | |
|--|---|--|
| <input type="checkbox"/> Check 21 | <input type="checkbox"/> Consolidated Returns | <input type="checkbox"/> Fraud Mitigation |
| <input type="checkbox"/> RCC | <input type="checkbox"/> PPD / CCD | <input type="checkbox"/> Return Reduction Tool Kit |
| <input type="checkbox"/> Pay By Check | <input type="checkbox"/> WEB | <input type="checkbox"/> Credit / Debit Cards |
| <input type="checkbox"/> Rebate By Check | <input type="checkbox"/> TEL | |
| <input type="checkbox"/> ACH | <input type="checkbox"/> RCK | |

1.b. Materials Required for Underwriting (check boxes)

- | | |
|--|--|
| <input type="checkbox"/> Voided Check | <input type="checkbox"/> Corporate Articles / Documents |
| <input type="checkbox"/> Photo ID | <input type="checkbox"/> Processing History (minimum 3 months) |
| <input type="checkbox"/> EIN Letter from IRS | <input type="checkbox"/> Bank Statements (minimum 3 months) |
| <input type="checkbox"/> Business License | |

1. Basic Information

Merchant Business Name: _____	Merchant Business Name: _____
DBA Outlet Address: _____	DBA Outlet Address: _____
DBA Outlet City: _____ DBA Outlet State: _____	DBA Outlet City: _____ DBA Outlet State: _____
ZIP: _____ Telephone: _____ Fax: _____	ZIP: _____ Telephone: _____ Fax: _____

Website: _____ EIN: _____ Business Length: Years _____ Months _____ Type of Business / Industry type: _____

Please describe all product(s) or service(s) the company offers for which Check21 services will be used: _____

How do you market your products & services sold? (Please attach example advertising) _____

Business Trade Reference 1: _____ Account Number: _____ Vendor Name: _____

Telephone Number: _____ Address: _____ Relationship: _____

Business Trade Reference 2: _____ Account Number: _____ Vendor Name: _____

Telephone Number: _____ Address: _____ Relationship: _____

3. Contact Information

Contact Name	E-mail	Telephone	Skype ID	General Information	Financial Information	Technical Information
Contact 1: _____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact 2: _____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact 3: _____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact 4: _____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Ownership Information

Owner # 1 Name: _____ Title: _____ Equity Ownership: _____ Social Security #: _____

Telephone: _____ Residential Address: _____ City: _____ State: _____ ZIP: _____

D.O.B: _____ Driver's License #: _____ Driver's License State: _____ Driver's License Expiration: _____

Has the owner above filed bankruptcy or been subject to an involuntary bankruptcy?: Yes No

Owner # 2 Name: _____ Title: _____ Equity Ownership: _____ Social Security #: _____

Telephone: _____ Residential Address: _____ City: _____ State: _____ ZIP: _____

D.O.B: _____ Driver's License #: _____ Driver's License State: _____ Driver's License Expiration: _____

Has the owner above filed bankruptcy or been subject to an involuntary bankruptcy?: Yes No

5. Detailed Company Information

Have you accepted ACH or Check21 Payments before? Yes No

Name of Previous Processor: _____ Reason for Leaving: _____

Please describe your refund policy: _____

How are orders processed? Face to Face Internet Mail Order Telephone Other What percentage of payments are from: Businesses _____ Consumers _____

Who performs the product or service fulfillment for the merchant? Direct by Merchant Vendor* Other

*If vendor, please provide contact information _____

How far in advance will charges be made prior to shipping? Immediate / At Sale 0-7 Days 8-30 Days 30+ Days

How do you obtain payment Authorization? Digital (Online) Verbal (Recording) Written

High Risk Addendum: Do you pay for leads? Yes No If yes: CPA CPC Do you employ Affiliate Networks / Affiliate Marketing? Yes No

Is there rebilling or continuity marketing? Yes No If yes, please describe in detail: _____

Do you or a representative for you, make outbound marketing calls? Yes No If yes, please attached call scripts, process and outsourcing company if applicable.

Have you ever been terminated by a processor previously? Yes No If yes, please explain: _____

Check Processing Application - Page 2

6. Transactional Information Limits - Requested by Merchant

Effective Date: _____ Company Name: _____ D/B/A or URL: _____

MID Assigned # _____ TAX ID: _____

Debit Origination RCC: Transaction Item Limit: _____ Daily Transaction Limit: _____ Maximum Monthly Limit: _____

Maximum Frequency: Daily Weekly Monthly Seasonal Overall Return % _____ Unauth Return % _____

Credit Origination RCC: Transaction Item Limit: _____ Daily Transaction Limit: _____ Maximum Monthly Limit: _____

Maximum Frequency: Daily Weekly Monthly Seasonal Overall Return % _____ Unauth Return % _____

Debit Origination WEB: Transaction Item Limit: _____ Daily Transaction Limit: _____ Maximum Monthly Limit: _____

Maximum Frequency: Daily Weekly Monthly Seasonal Overall Return % _____ Unauth Return % _____

Debit Origination TEL: Transaction Item Limit: _____ Daily Transaction Limit: _____ Maximum Monthly Limit: _____

Maximum Frequency: Daily Weekly Monthly Seasonal Overall Return % _____ Unauth Return % _____

Debit Origination PPD or CCD: Transaction Item Limit: _____ Daily Transaction Limit: _____ Maximum Monthly Limit: _____

Maximum Frequency: Daily Weekly Monthly Seasonal Overall Return % _____ Unauth Return % _____

Processing Statistics: Monthly Processing Volume: _____ Number of Transactions: _____ Average Ticket: _____

High Ticket: _____ Low Ticket: _____ Standard Return % _____ Not Authorization Return % _____

7. RDC Addendum: Application Set Up - Remote Deposit

Front End System: Web Based Thick Client Other: _____ Daily # of Transactions: _____ Total Daily Transaction Amount \$ _____

Are there seasonal spikes? Yes No Spike season: _____ Thru: _____ Daily Seasonal Transaction Amount \$ _____

Who performs the product or service fulfillment for the merchant? Direct by Merchant Vendor* Other *If vendor, please provide contact information _____

Scanner Make & Model: _____ Shipment Method: _____ PC Operating System: XP Vista Windows 7 32-bit 64-bit

CAR/LAR: for auto populating dollar amounts? Yes No If Yes, estimated annual check volume: _____ Will you process both business and consumer checks? Yes No

*If Deposits transferred to external account: Institution: _____ R&T: _____

Account # _____ # Of Days to Delay Settlement: _____ Do checks receive a Consolidated Return Endorsement? Yes No

8. ACH Addendum

Type of Transactions to be processed: Check 21 WEB PPD CCD RCK BOC ARC TEL

Daily # of Transactions: _____ Total Daily Transaction Amount \$ _____ Are there seasonal spikes? Yes No Spike season: _____ Thru: _____

Daily Seasonal Transaction Amount \$ _____ Provide your average return percentage of "unauthorized items" _____

Do you have the ability to create a NACHA formatted file? Yes No Method of delivery: Online Banking Platform FTP DMZ

Testing / setup contact and phone #: _____

9. Signature

BY SIGNING BELOW, I/WE ("APPLICANT") CERTIFY THAT ALL INFORMATION PROVIDED ON AND WITH THIS FORM OR HEREAFTER FURNISHED BY US OR ON OUR BEHALF IS TRUE, CORRECT AND COMPLETE AND THAT I/WE ARE AUTHORIZED TO EXECUTE THIS FORM ON BEHALF OF THE APPLICANT. Applicant(s) are aware that any knowing or willful false statements for purposes of influencing the actions of The ODFI Bank ("Bank") can be a violation of federal law 18 U.S.C. sec. 1014 and may result in a fine or imprisonment or both. You are authorized to make all inquiries you deem necessary to verify the accuracy of this statement either directly or through any agency employed by the Bank for that purpose. Applicant and Principals authorize the Bank to obtain credit reports, and agrees to provide any additional information that the Bank may require to process this application. Applicant and Principals also authorize the Bank to obtain copies of its tax returns and information from the Internal Revenue Service and other taxing authorities, and agrees to execute whatever forms the Bank requests to obtain such information.

Owner # 1 Signature _____ Printed Name: _____

Title: _____ Date: _____

Owner # 2 Signature _____ Printed Name: _____

Title: _____ Date: _____