



checkAssurance

STORE INFORMATION FORM

INDIVIDUAL BUSINESS INFORMATION					
Business Name:					
Nature of Business:		Goods Sold:			
Contact Name:		Federal Tax ID:			
E-mail Address to send reports:					
Phone:		Ext:		Fax:	
Business Address:					
City:		State:		ZIP Code:	
HOME OFFICE INFORMATION (IF APPLICABLE)					
Home Office Name:					
Street Address:				Phone:	
City:		State:		ZIP Code:	
Business Website:					
PLEASE HAVE CHECK ASSURANCE FORWARD UNCOLLECTED CHECKS TO AUTHORIZED CHECK COLLECTION AFFILIATE: <input type="checkbox"/> YES <input type="checkbox"/> NO					
(If NO PLEASE COMPLETE THIS SECTION TO FORWARD UNCOLLECTED CHECKS)					
Contact Name:				Phone:	
E-mail Address:				Fax:	
Address:					
City:		State:		ZIP Code:	

**Fax to: 770-928-9328 or e-mail to
tygh@vantagecard.com**

1. Client authorizes **Check Assurance, LLC.** (hereafter referred to as "PROCESSOR") to act as its processor to re-present, in accordance with the RCK rules of National Automated Clearing House Association (NACHA), all returned check items forwarded to Processor by Client or and/or its affiliates. Client understands that Processor is acting as a 3rd party processor of ACH transactions and NOT in the capacity of a collection agency. Processor agrees to perform all services hereunder in a good and professional manner, and agrees to keep all information about Client, its affiliates and customers confidential.
2. In addition to re-presentation of returned checks, Client authorizes Processor to originate separate electronic debits for return fees in an amount posted by the Client and authorized by the check writer as described in the Client application. Returned item fees must not exceed the maximum amount allowed by state law(s).
3. Client agrees to display check writer notices as reasonably required by Processor at all point of sale locations.
4. Client agrees to complete and forward a Return Item Release Authorization to the bank(s) utilized by Client instructing the bank to forward all returned items to Processor after first presentation.
5. Processor will notify Client of new returned items every seven (7) days and will deposit collected items to the Client's account via ACH credit on the next payment date after successful electronic re-presentation of the item. These payment dates will be made to route | : _____ | _____ ; and account _____ weekly as collected.
6. Client understands that Processor is debiting items on Clients behalf and that Processor will charge to the checkwriter, a transaction fee on each successfully processed item that is equal to the maximum returned check fee allowed by the State. Processor does not guarantee successful electronic re-presentation or payment of any return item presented to Processor.
7. Processor retains the right to refuse to process any transactions not properly submitted by Client. Client must agree to obtain proper authorization for any return fee to be charged before submitting return.
8. Any dispute between Client and Checkwriter relating to a check transaction shall be settled between Client and Checkwriter. Unless due to Processor's negligence or willful misconduct, Client agrees to indemnify and hold Processor harmless from any claim, liability, loss or expenditure resulting from Client's actions, including but not limited to failing to obtain written authorizations or post check writer notices as required by NACHA and this Agreement.
9. Where applicable, all transactions covered by this Agreement are governed by NACHA's Operating Rules, Regulation E established by the Federal Reserve Board, UCC Article 4, The Electronic Funds Transfer Act and other applicable laws and regulations. Otherwise, the laws of the State of Florida shall govern this Agreement.
10. If either party fails to comply with any term of this Agreement or any applicable laws or regulations cited in this Agreement, after fifteen (15) days written notice and opportunity to cure, the non-defaulting party may terminate this Agreement by giving notice to the defaulting party. If this Agreement is terminated for any reason, Processor will continue to process any and all returned check items currently in the electronic re-presentation process.
11. Either party may terminate this Agreement by giving the other party thirty (30) days written notice of termination. Termination will have no effect on items already in the electronic re-presentation process.
12. Processor may change the terms of this Agreement at any time by giving Client fifteen (15) days written notice of said change. If Client does not agree to the change then Client may terminate this Agreement without penalty. Agreement shall remain in effect with respect to any entries initiated by the Company prior to such termination, particularly the authorization to debit the account(s) of the Company or principals for up to ninety (90) days for rejected items and fees. Upon cancellation of this contract an amount equal to 20% of Client's monthly transactions will be held in reserve for up to ninety (90) days for the purpose of funding late or unauthorized returns, and any remaining amounts will be promptly refunded at the end of such ninety (90) day period.
13. Other: _____

Individual Business Information:			
Name of Business:			
Contact Name:		Title:	
Signature:		Date:	
Check Assurance:			
Processor:	Check Assurance, LLC.	Phone:	877-540-3903
Authorized Agent:	Matt Meyer	Title:	Managing Member

PLEASE FAX TO VANTAGE CARD SERVICES AT: (770) 928-9328



RETURNED ITEM RELEASE FORM

Merchant's Bank Name:					
Address:					
City:		State:		Zip:	
Contact Name:		Phone:		Fax:	

TO WHOM IT MAY CONCERN:

I / we hereby authorize and instruct you to mail all return items to:

**Check Assurance, LLC.
 Attn : Check Processing Unit
 2461 Santa Monica Blvd., #531
 Santa Monica, CA 90404**

This address and authorization applies only to return items and is to remain in effect until canceled in writing. Please forward these items after the first failure. *Do Not Present Items a Second Time.*

Routing Number (9 digits):	:	:	Account Number:		
Merchant (Account Name):					
Contact Name:				Title:	
Address:					
City:		State:		Zip:	
Phone:				Fax:	
Signature:				Date:	

IMPORTANT: Should you have any questions regarding this authorization, please don't hesitate to contact our customer service department at (877) 540-3903.

As confirmation, please sign and fax this document back to us at **(310) 526-8283**.

Received by _____ Date _____

Thank you for your assistance.