

Attachment C e Cashflow Systems/NACS

NO COST Electronic NSF Check Recovery

Merchant's Legal Business Name		Doing Business As	
Street Address		City	State Zip Code
Mailing Address		City	State Zip Code
County (Very Important)	# of Locations	Phone Number	Fax Number (very important)
Contact Person/Title		email address (very important)	
Ownership - Partnership/Corporation	Year Est.	Federal Tax ID	Social Security Number
Type of Business		Products/Services provided	
Bank Routing Number		Bank Account Number	
<p>The Undersigned certifies the accuracy of all of the Merchant information provided herein and authorizes e Cashflow Systems to investigate such information which may include confirmation of supplied information provided from other sources. Merchant further agrees to notify e Cashflow Systems of any and all changes, which may occur from time to time, relative to the information and statements contained herein.</p> <p>Merchant hereby agrees to provide appropriate notification to check writers describing the action to be taken upon return of payments as NSF. This Notification is required by NACHA rules and can be served in various ways.</p>			

Initial below the method(s) to be used.

- _____ **By following the latest NACHA guidelines for check acceptance and electronic check re-presentment. (Initial)**
- _____ By placing authorization language approved by e Cashflow Systems on any invoice, remittance advice, check acceptance agreement, contract or similar document, which has been signed by Customer. (Initial)
- _____ Display appropriate signage at Point of Sale detailing action to be taken upon return as an NSF item. (Initial)
- _____ Signed authorization allowing ACH transactions and informing client of NSF fees. **(Required for ACH Transactions)**

Signature _____

Print Name _____ Title _____

Please fax all three completed pages to e Cashflow Systems at 732/290-6638

Attachment D
Returned Item Release Authorization
Please Process Immediately

Merchant's Bank Name _____

Address _____

City _____ State _____ Zip _____

Contact Name _____ Phone (____) _____

*****BANK FAX (____) _____ BANK FAX*****

TO WHOM IT MAY CONCERN: I / we hereby authorize and instruct you **to mail all returned checks to:**

e Cashflow Systems
4600 S. Ulster Street, Suite 700
Denver, CO 80237-2882

This address and authorization supercedes and cancels all prior authorizations and instructions. This authorization applies to all **return items** and is to remain in effect until canceled in writing. Please forward all **return check** items **after the first presentment.**

Do Not Present Items a Second Time.

Merchant (Account Name) _____

Address _____

City _____ State _____ Zip _____

Phone (____) _____ Fax (____) _____

Routing Number (9 digits) _____

Account Number _____

Authorized Signature _____

Print Name _____ Title _____ Date _____

IMPORTANT: Should you have any questions regarding this authorization, please contact e Cashflow Systems at (732) 290-3338.

As confirmation, ***please sign and fax*** this document back to us at (732) 290-6638.

Bank Received by _____ Date _____

Thank you for your assistance e Cashflow Systems 732/290-3338

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No Cost Secondary Collections (Optional) Authorization for Secondary Collection Services

The following Business _____ (Name), hereby authorizes e Cashflow Systems to use secondary collection methods to collect all checks that cannot be recovered electronically. Secondary methods may include contacting the check writer by telephone and/or mail. If contacts fail to produce payment, legal means will be utilized to recover full face value of check.

Collections will be carried out by our licensed agency, which has over 25 years experience in the collections industry. A Network of law firms, who specialize in check collections across the country, may also be utilized to pursue bad check writers, which may include prosecution in the US Court System.

I/we authorize e Cashflow Systems, after having exhausted electronic recovery efforts, to collect our checks using every legal means.

Method to be used

_____ Hard Collection Method

_____ Soft Collection Method

_____ We elect not to utilize this service

Account holder Signature _____

Printed Name _____

Title _____ Date _____

Please attach a VOIDED CHECK here

Thank you for your assistance

e Cashflow Systems

732/290-3338