

eCheck2000™

SERVICE AGREEMENT FOR NSF CHECK RECOVERY

The undersigned Merchant hereby enters into an agreement with eCheck2000 or its' Authorized Agent for the collection of the Merchant's returned checks herein included.

eCheck2000 will, utilize its best effort to effect electronic collection on all checks submitted while remaining in compliance with all Federal, State, and local laws, rules and regulations. Collection of any individual returned check can not be guaranteed.

You will be charged \$2.50 per check. Within two business weeks of submission, eCheck2000 will pay Merchant 100% of the face value of all returned checks that are collected. In addition, eCheck2000 will pay merchant 50% of any collected NSF fees, charged as allowed by law in connection with collecting a returned check.

eCheck2000 will provide Merchant with a complete inventory report on all checks and return all original uncollected checks to Merchant upon completion.

Merchant Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Contact Person: _____ Title: _____

Authorized Signature: _____ Title: _____

Printed Name: _____ Date: _____

Agent: _____ Date: _____

Check Inventory:

No. of Checks Submitted: _____

Total Dollar Value of Checks: \$ _____

Date Range of Checks: From: _____ To: _____

Acknowledgment of Receipt by Agent: _____

Date: _____

e-mail: customer_services@echeck2000.com

266 Tolbert Place, Arroyo Grande CA 93420 (805)473-0701, fax (805)473-2211

Autho rization Agre emen t for D irect P ayment (ACH Debit)

I (we) hereby authorize eCheck2000, hereinafter called COMPANY Y, to initiate a debit entry to my (our) Checking Account/ Savings Account (select one) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to 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.

Depository Name: _____ Branch _____

City: _____ State: _____ Zip: _____

Routing Number: _____ Account Number: _____

This authorization is to remain in full force and effect until COMPANY Y has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY Y and DEPOSITORY a reasonable opportunity to act on it.

Name(s): _____ ID Number: _____

Date: _____ Signature: _____

Please complete both the NSF Check Recovery Contract and the ACH Authorization Agreement and return them to us, **along with your NSF Checks**. Once we have received your paperwork and confirmed your banking information, we will begin the recovery process.

All NSF checks submitted to us, must be in compliance with all Federal Regulations, as set forth by NACHA. In Summary, all checks must be drawn on a US Bank, must be less than 180 days old and have presented for payment no more that two (2) times.

All money collected on your behalf by us, less any fees, will be deposited by an ACH transfer, directly into the account you have listed above.

Any checks which we are unable to collect, will be returned to you, by mail. We will attempt to collect all checks within two (2) weeks. If you elect to do so, we can attempt collection beyond that time period.

Please send the required paperwork and the NSF checks to:

**eCheck2000
ATTN: Account Services
266 Tolbert Place
Arroyo Grande, CA 93420**

**Tel: 805-473-0701 Fax: 877-548-4902
E-Mail: customer_service@echeck2000.com**

By signing below, you confirm that you have read and agree to this Agreement.

Authorized Signature

Company

Date