

ACH Services Application

Thank you for your interest in **123ACH.com** and **MoneyGram Payment Systems dba ACH Commerce**. Please take a few moments to complete this application to help us get to know your company better. For faster processing, please carefully read and complete the entire application.

Below is a checklist of information that is needed for the application process:

- Completed Application**
- Financial Statements**
 - Two years of financial statements including Balance Sheet, Income Statement, Statement of Cash Flow, Notes to the Financial Statements and Auditors' Report. If financial statements are not available, the previous two years of Federal Tax Returns should be provided.
 - Interim financial statements should be provided if the application is completed after the first quarter of the fiscal year end.
 - If applicant is a new entity and financial statements are not available, or has been in business less than one year, the following must be provided in lieu of the above requested financial statements:
 - Personal Financial Statement of the owner(s)
 - Two years of complete Personal Tax Return of the owner(s)
 - Owner(s) resume
- Copy of 3 most current months Processing Statements showing return rates, types of returns and number of returns (applicable to companies who are already processing ACH transactions).**
- 3 months Recent Bank Statements**
- Copy of Applicant's Articles of Incorporation and/or current Business License**
- Copy of Owners Drivers License (if privately held)**
- Sample of Advertising or Marketing Materials**
- Sample of ACH Authorization Form, if applicable**
- Sample of TEL script or Notice of Transaction, if applicable**
- Sample of WEB authorization and authentication screens, if applicable**
- Copy of void check from settlement account**

PLEASE FAX THE ENTIRE APPLICATION TO:

123ACH.com
(617) 249-0850

GENERAL BUSINESS INFORMATION

Company Name: _____ DBA Name: _____
 Physical Address: _____ City: _____ State: _____ Zip: _____
 Mailing Address: _____ City: _____ State: _____ Zip: _____
 Primary Contact: _____ Phone: _____ Fax: _____ Email: _____
 Technical Contact: _____ Phone: _____ Fax: _____ Email: _____
 Billing Contact: _____ Phone: _____ Fax: _____ Email: _____
 Security code _____ (used to verify when changes are requested via the phone)
 Date Established: _____ Number of Locations: _____ Number of Employees: _____
 Federal Tax ID: _____ D&B Number: _____ SIC: _____
 Business Structure: Corporation Sole Proprietorship General Partnership LLC Publicly Held Other _____
 Web Address: _____ Days & Hours of Operation: _____ Business Time Zone: _____
 Business Site: Office Suite Retail Storefront Private Residence Other _____
 Annual Sales Volume: _____ % Check Sales _____ % Credit Card Sales _____

BANK REFERENCE INFORMATION

Primary Bank: _____ Branch Name or Number: _____
 Bank Officer: _____ Phone: _____ Fax: _____
 Name On Account: _____ Date Opened: _____
 Bank routing #: _____ Account #: _____

BUSINESS CREDIT REFERENCES

(1) Company Name _____ Years of Business Relationship: _____
 Contact Name: _____ Business Telephone: _____ Business Fax: _____
 Address: _____ City: _____ State: _____ Zip: _____
 (2) Company Name _____ Years of Business Relationship: _____
 Contact Name: _____ Business Telephone: _____ Business Fax: _____
 Address: _____ City: _____ State: _____ Zip: _____

OWNERSHIP & PERSONAL INFORMATION

Note: Named individuals must be majority owners. N/A for Publicly Held Companies.

(1) Name: _____ Title: _____ % Ownership: _____
 Residence: _____ City: _____ State: _____ Zip: _____
 Date of Birth: _____ Drivers License Number & State of Issue: _____
 Social Security #: _____ Bankruptcy or Lawsuits: Yes No (If Yes, please include explanation letter.)
 (2) Name: _____ Title: _____ % Ownership: _____
 Residence: _____ City: _____ State: _____ Zip: _____
 Date of Birth: _____ Drivers License Number & State of Issue: _____
 Social Security #: _____ Bankruptcy or Lawsuits: Yes No (If Yes, please include explanation letter.)

PRODUCT AND SALES INFORMATION

Brief Business Description: _____

Goods/Services to be Purchased with Electronic Checks: _____

Payments or Purchases Are From: Businesses Consumers What % from Businesses: _____% Consumers _____%

How are you obtaining authorization? Telephone Written Internet Other _____

How Do You Advertise These Goods/Services? Catalog Direct Mail TV/Radio Telemarketing Newspaper/Magazine

Merchant Refund Policy: No Refund Refund in 30 Days or Less Other _____

Have You Accepted ACH Payments Before? Yes No Name of Previous ACH Processor: _____

Please provide 3 most current months processing statements, including number of transactions processed, number of returns, and return types.

If you currently utilize ExpressPayment as a bill payment option for your customers, please provide the following information:

ExpressPayment Receive Code(s): _____ Monthly ExpressPayment Volume: _____

Monthly dollars collected through ExpressPayment: _____

PROJECTED TRANSACTION ACTIVITY

Type of ACH Payments: Direct Debit (PPD) Telephone Checks (TEL) Internet Checks (WEB) Paper Check Conversion (ARC)

For TEL transactions, do you: Record calls -or- Send a notice prior to debiting the account

If you record calls, please send with this application a copy of the script in use (or to be used) by representatives on the call. If you do not record calls, but send notices prior to debiting the account, please send a copy of the customer notification with this application.

For WEB transactions, you will be required to perform an annual WEB security audit. You will be provided with WEB compliance specifications.

Frequency, Volume and Description of ACH Transactions: (Please complete separate line for each type of payment.)

Frequency of Files (Weekly, Daily, Monthly, Other)	Payments Are For (Payroll, Dues, Retail, etc.)	Number of Payments	Average Payment Amount	% Expected Returns (NSF, Account Closed, etc.)
Weekly	Loan Payment	100	\$50.00	1% or Less

ALL MONEYGRAM PAYMENT SYSTEMS INC. Accounts Have Transaction, Daily & Monthly Maximum Processing Limits. Please Identify Your Processing Needs:

	Maximum Transaction Limit	Maximum Daily Limit	Maximum Monthly Limit
Debits			
Credits			

Expected Increase in Sales Volume Within the Next 12 Months: _____

CIRCLE RATE PLAN: PLAN A PLAN B : PLAN C PLAN D PLANE

The undersigned certifies the accuracy of all the foregoing information and authorizes MoneyGram Payment Systems Inc. or other investigative agencies employed by MoneyGram Payment Systems Inc., or its agents, to investigate the reference given to MoneyGram.

I/We further agree to notify MoneyGram Payment Systems Inc. or its processor(s), of any and all changes which may occur from time to time in the information and statements contained herein I understand that yourfavorite.com / 123ACH.com will debit your \$199 application fee from the checking account provided if it has not already been processed. Applicants who choose plan D or E will have \$299 debited from the checking account submitted online at 123ACH.com.

Name and Title: _____

President/CEO Signature: _____

(Corporate Resolution verifying signature authority must be included if signed by someone other than the President or CEO.)

Company Represented: _____ Date Completed: _____

Rate Sheet:

Fees	10-100 Transactions LOW VOLUME PLAN A	101-1000 Transactions Preferred Plan Plan B	1001+ Transactions Plan C	10-100 Transactions LOW VOLUME HIGH RISK Plan D	101+ Transactions HIGH RISK Plan E
Per Trans Fee	.95	.30	.25	.95	.39
Monthly/GSM	\$39	\$25	\$25	\$39	\$39
Return Item NSF	\$5.00	\$1.95	\$1.95	\$5.00	\$5.00
Chargebacks**	\$25	\$25	\$25	\$35	\$35
Application/Setup and Software	\$199 one-time fee	\$199 one-time fee	\$199 one-time fee	\$299 one-time fee	\$299 one-time fee
% Per Trans	\$0*	\$0*	\$0*	\$0*	0%