ACH Authorization Form

Location Name		Contact			
Address					
City	State	Zip	Phone #		
(referred to as BT) or its designated assignee, to initiate Check 21, Check re-creation, ACH transfer entries and to debit and/or credit the account identified herein for all Processing Services and/or balances due. This authorization shall remain in effect unless and until BT has received written notification from PAYEE that this authorization has been terminated in such time and manner to allow BT to act. BT shall have the right to credit and debit Account for the settlement of Terminal transactions and transaction adjustments on behalf of PAYEE. This ACH authorization will be for all funds due to BT. PAYEE further agrees to comply with all electronic-fund-transfer network rules, regulations and requirements. PAYEE has the authority to authorize BT to process their transactions and enter into this agreement. PAYEE shall hold BT harmless and indemnify, including attorney fees, in the event of a claim. Print Name:					
	nature: X Date:				
FUNDS SETTLEMENT INFORMATION					
Bank Name/Branch					
Bank Officer	t Name				
Phone					
Address					
City State Zip					
Routing #			Account #		
ATTACH PRE-PRINTED VOIDED CHECK This authorization will not be activated without receipt of original check, deposit slip, or letter from the above financial institution verifying the routing and account number.					