

**Seamless Chex ACH Application**



**SeamlessChex**

For Expedited Account Approval Please Email or Fax Application along with:  
 • Voided Check

Main: 888-998-2439

Email: [eaibert@seamlesschex.com](mailto:eaibert@seamlesschex.com)

Fax: 888-370-9226

**Business Information**

Business DBA Name:			Legal Name:		
Physical Street Address:			Legal Address:		
City:	State:	Zip:	City:	State:	Zip:
DBA Phone:			Corp Phone:		
Contact Name:			Contact Email:		
Customer Service Phone #:			Website URL:		
Legal Entity: <input type="checkbox"/> Corp <input type="checkbox"/> Sole Prop <input type="checkbox"/> LLC <input type="checkbox"/> Partnership			Tax ID/SSN:		

**Business Profile**

Types of goods or services sold:

Do you currently process/sell:  ACH Payments  Credit Card Payments  Gift Cards/Phone Cards  Other

How do you accept payments:  Walk-in  Mail  Phone Operator  Phone via IVR  Internet

Monthly ACH Volume: \_\_\_\_\_ Average Ticket: \_\_\_\_\_ Highest ACH Ticket: \_\_\_\_\_

Describe exactly what you will use your ACH account for:

**Owner/Officer Information**

First:	Last:	First:	Last:		
Home Address:		Home Address:			
City:	State:	Zip:	City:	State:	Zip:
Title:	% Owned:	Title:	% Owned:		
Phone:	DOB:	SSN:	Phone:	DOB:	SSN:

**Bank Information (Attach Voided Check or Bank Letter)**

Bank Name:	Contact:	Phone:
Routing Number:	Account Number:	

**ACH Product Grid (Check all services required)**

ACH Services/Transaction Types	# Of Items Per Month	Cost Per Item	Percentage
<input type="checkbox"/> PPD: Pre-Authorized Payments, Debits & Recurring			
<input type="checkbox"/> CCD: Business/Corporate, Single or Recurring Debit/Credit			
<input type="checkbox"/> TEL: Telephone Authorization of Checking Acct. Debit			
<input type="checkbox"/> WEB: Checks over the Internet (Customer Initiated)			
ACH Credits: Will you use this system to electronically forward others money?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, is this for: <input type="checkbox"/> Payroll <input type="checkbox"/> Payday Loan <input type="checkbox"/> Bill Pay <input type="checkbox"/> Other:			

<b>Returned Item Fees</b>	<b>Cost Per Item:</b>
Returns/NOCs: Checks Returned for NSF (Non-Sufficient Funds) or Other Return	
Chargebacks/Unauthorized Returns A	
RCK: Returned Checks – Automatic Redeposit of Paper Items	

<b>Other Fees</b>	Monthly Fee:	Setup Fee: \$0	Batch Fee:
Late Returns:	NOC Auto Correct:	NSF of Monthly Fees:	
<b>Funding Options</b>	Daily Volume Requested:	Days Required to Clear:	

**Reserve and Prefunding**

Reserve %:	Duration/Cap:	Prefunding Amount:	<input type="checkbox"/> Daily Discount
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Merchant Initials \_\_\_\_\_

**Merchant Approval**

**Authorization:** I authorize Seamless Checks, LLC, ACH Solutions, or its ODFI and sponsoring bank to initiate periodic credits and debits from my depository accounts as indicated on this application for electronic funds transfer transactions, I have performed. I understand that debits for fees due for such transactions initiated will occur on or before the 16th and 2nd day of each month. Authorizations for such debits to designated accounts will remain in full force and effect until ACH Solutions has received written notification from Company 30 days prior to termination of services.

**Personal Guaranty:** By my signature below, I acknowledge that I am fully and personally responsible for the performance of this account according to the NACHA rules and regulations; for full payment of all fees due; for any fraud or misconduct of any member of my staff; for coverage of any return or disputed debits and for the authenticity and legitimacy of transactions put through the ACH system. Such guaranty survives termination of this agreement or dissolution of business.

**Change of Information:** In order to allow proper processing, I agree to provide any new financial institution information to ACH Solutions at least 15 days prior to closing or changing the accounts designated in this Application.

**Cancellation:** Either party may cancel this Agreement with 30 days written notice to the other party which will allow completion of prior transactions which may be in process.

**Survives Termination:** Authorization to debit designated accounts for NSF's, reversals, disputed items or fees legitimately due under this agreement will survive termination of this Agreement for a minimum of 90 days after the cancellation of services.

**Compliance:** I hereby acknowledge and agree to abide by all rules and regulations as provided for in NACHA, government and banking regulations as they apply to Electronic Funds Transfer or Electronic Check Conversion and Remote Deposit Capture.

**Authorized Signatures:**

(Must be Authorized Officer of the Company) Name (Printed)

Date

X\_\_\_\_\_

**Accepted by Seamless Checks, LLC & ACH Solutions on behalf of UMS Banking & United Merchant Services of California, Inc**

Signing for United Merchant Services:

Name (Printed) & Title

Date

X\_\_\_\_\_

Merchant Initials\_\_\_\_\_