

MERCHANT SERVICE AGREEMENT/ELECTRONIC FUNDS TRANSFER AUTHORIZATION FORM

Yes, I would like to take advantage of the security and convenience of electronic funds transfer, scheduled or periodic payment for the service provided (hosting-support-gateway fee) in the monthly amount of \$_____. As a duly authorized check signer on the financial institution account identified herein, I authorize eCommerce Tools, Inc. to perform scheduled or periodic electronic funds transfer debits from the account of (Name On Checking Account) _____, financial institution account identified herein/below for payments due or when applicable, apply electronic funds transfer credits to same. Furthermore, if any such electronic debit(s) should be returned as NSF, I authorize eCommerce Tools, Inc. to collect such debit(s) by electronic debit and to subsequently collect a returned debit item fee of \$15.00 per item by electronic debit from the same account. For accounting purposes, all electronic debits will be reflected in the monthly bank statement that corresponds with the financial institution account identified herein. I have also read and agree to the posted on-line terms and conditions. **I understand and authorize all of the above as evidenced by my signature below.**

AUTHORIZING SIGNATURE: _____ DATE: _____

Financial Institution account "identifying information"

Enter financial institution account information into the fields provided below and attach a blank VOID/CANCELLED check.

	Financial institution:	Branch:	
	City:	State:	ZIP CODE:
	Transit/ABA #	Account #	

Company Name _____ **Contact Name** _____

Address _____

City _____ **State** _____ **Zip** _____

www. _____ **email** _____

Phone # _____ **Fax #** _____

Merchant # _____

Processor Name & Phone # _____ **Equipment Type** _____

Re-Seller Name _____ **Payment Check #** _____

Please complete and sign this form then fax to: 1-949-369-3972