



Electronic Check Recovery Agreement

CREDIT CARD PROCESSING SERVICES
ISO

ANIESS
REPRESENTATIVE

22907
REP NUMBER (LAST 5# OF SSN)

CLIENT INFORMATION

COMPANY OWNER OR REPRESENTATIVE NAME

COMPANY

PHONE

FAX

ADDRESS

CITY, STATE, ZIP

PRODUCT OR SERVICE SOLD BY COMPANY

EMAIL ADDRESS FOR STATEMENTS

MERCHANT ACCEPTANCE

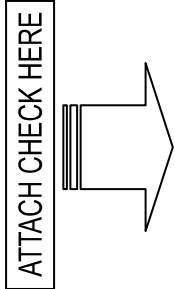
Client authorizes Secure Check to represent in accordance with RCK rules of the National Automated Clearing House Association all returned checks forwarded to Secure Check by Client or Client's bank. Client authorizes Secure Check to collect the face value of each return check plus an NSF fee not to exceed the maximum permitted by state law. Client agrees to make arrangements with Client's bank to forward all returned check(s) to Secure Check after the check(s) are first dishonored. The parties agree that Secure Check will not have the risk of loss, nor otherwise be held liable for any check(s) while in transport to or from Secure Check by any postal or delivery services. Client agrees to display in full view of its customers at the point of purchase a sign or decal with Client's check policy including notification of the return check fee that will be charged by Secure Check for a check returned for insufficient funds. Secure Check will pay the Client 100 % of the face value of all qualifying check(s) forwarded and assigned to Secure Check within thirty days after successful electronic collection of funds. Client agrees and authorizes Secure Check to debit Client's accounts for any checks collected electronically that are subsequently returned by check writer's bank. This authorization survives the termination of this agreement. Secure Check is expressly granted the right by the Client to take assignment of any check(s) forwarded by the Client that predate this agreement at a purchase price of fifty percent of face value of check. This agreement may be terminated by either party with a 30-day written notice to be delivered by certified mail. Secure Check does not guarantee the collection or payment of any returned check presented to Secure Check. Normal banking and account charges apply. **INELIGIBLE ITEMS:** The following types of items must be recovered by Secure Check's secondary recovery system: Account closed, refer to maker, invalid account, counterfeit, or do not redeposit, as well as checks past dated 180 days or more and items over \$2500. These items (only if successfully collected) will be reimbursed to Client at a purchase price of 80% of the face value of the check. Client must contact Secure Check within seven (7) days from the date originally notified of check(s) to disallow secondary recovery and stop recovery efforts and/or associated fees to client or check writer. Disputes between Client and check writer shall be settled solely by Client. Client agrees to indemnify and hold harmless Secure Check or its agents and their representatives from any claim, liability, loss, or expense. Secure Check may offset any amounts Secure Check is damaged by Client's actions or in-actions. Client agrees that Secure Check may use Client's name and/or logo in its promotional or advertising materials. Both parties agree that should a dispute arise out of or in any way relating to this agreement, the dispute will be submitted to binding arbitration in accordance with the commercial arbitration rules of the American Arbitration Association. This agreement shall be governed by laws of the State of Texas and that Tarrant County Texas, is the agreed county for venue by both parties for any arbitration or litigation procedures related hereto. This agreement contains the entire and complete understanding between the parties and there are no understandings, oral or written, with respect to the subject matter that are not contained herein.

I HAVE READ AND AGREE TO THE TERMS ABOVE.
By _____ Date _____
Print Name _____
Title _____

SECURE CHECK ONLY
By _____ Date _____
Title _____

ATTACH VOIDED CHECK FROM CHECKING ACCOUNT (DEPOSIT TICKET NOT VALID)

SECURE CHECK RCK AGREEMENT 200710-R1.01



BANK FORWARDING AUTHORIZATION

TO: Bank _____ Contact Name _____
Address _____
City _____ State _____ Zip _____
Phone _____ Fax _____

By my signature below, I authorize you to forward to Secure Check all customers checks returned to us not paid. **These checks are not to be re-deposited a second time. The checks must be forwarded to:**

**Secure Check
PO Box 331722
Fort Worth, TX 76163**

All prior authorizations and instructions for check forwarding are canceled and replaced by this request. This request will be in effect from this date forward until the above named bank has received written notice from Secure Check.

Secure Check Client _____

Account Number _____

Address _____

City _____ State _____ Zip _____

X _____

AUTHORIZED SIGNATURE

Print Name Title Date

**QUESTIONS REGARDING THIS AUTHORIZATION SHOULD BE DIRECTED TO
SECURE CHECK CUSTOMER SERVICE AT (877) 882-5074**



P.O. Box 331722 · Fort Worth, Texas 76163 · PHONE (877) 882-5074

DATED MATERIAL PLEASE PROCESS IMMEDIATELY