

# e Payed™

## NO COST Electronic NSF Check Return Recovery

Merchant's Legal Business Name		Doing Business As	
Street Address		City	State   Zip Code
Mailing Address		City	State   Zip Code
<b>County (Very Important)</b>	# of Locations	Phone Number	Fax Number (very important)
Contact Person/Title		<b>email address (very important)</b>	
Ownership - Partnership/Corporation	Year Est.	Federal Tax ID	Social Security Number
Type of Business		Products/Services provided	
Bank Routing Number		Bank Account Number	
<p>The Undersigned certifies the accuracy of all of the Merchant information provided herein and authorizes e Cashflow Systems to investigate such information which may include personal credit reports on Merchant's principals or information from other sources pertaining to the Merchant's credit worthiness, financial responsibility or accuracy of any of the foregoing information. Merchant further agrees to notify e Cashflow Systems of any and all changes, which may occur from time to time, relative to the information and statements contained herein.</p> <p>Merchant hereby agrees to obtain appropriate authorization for any applicable return fee from check writer, before submitting a return check item for processing. Merchant will obtain check writer authorizations by the following method(s):</p>			

**Initial below the method(s) to be used.**

- \_\_\_\_\_ By following the latest NACHA guidelines for check acceptance and electronic check re-presentment. (Initial)
- \_\_\_\_\_ By stamping all checks with the stamp approved by e Cashflow Systems and having customer sign where indicated. (Initial)
- \_\_\_\_\_ By placing authorization language acceptable to e Cashflow Systems on any invoice, remittance advice, check acceptance agreement, contract or similar document, which has been signed by Customer. (Initial)
- \_\_\_\_\_ Signed authorization on receipt generated by point of sale device. (Initial)
- \_\_\_\_\_ Signed authorization allowing ACH transactions and informing client of NSF fees. **(Required for ACH Transactions)**

**Signature** \_\_\_\_\_

Print Name \_\_\_\_\_ Title \_\_\_\_\_

**Please fax all three completed pages to e Cashflow Systems: 303-486-0851**

# Returned Item Release Authorization

*Please Process Immediately*

Merchant's Bank Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

**\*\*\*BANK FAX (\_\_\_\_) \_\_\_\_\_ BANK FAX\*\*\***

**TO WHOM IT MAY CONCERN:** I / we hereby authorize and instruct you ***to mail all returned checks to:***

**e Cashflow Systems  
4600 S. Ulster Street, Suite 700  
Denver, CO 80237-2882**

This address and authorization supercedes and cancels all prior authorizations and instructions. This authorization applies to all **return items** and is to remain in effect until canceled in writing. Please forward all **return check** items **after the first presentment.**

***Do Not Present Items a Second Time.***

Merchant (Account Name) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

Routing Number (9 digits) \_\_\_\_\_

Account Number \_\_\_\_\_

***Authorized Signature*** \_\_\_\_\_

Print Name \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**IMPORTANT:** Should you have any questions regarding this authorization, please contact e Cashflow Systems at (303) 486-0840.

As confirmation, ***please sign and fax*** this document back to us at (303) 486-0851.

Bank Received by \_\_\_\_\_ Date \_\_\_\_\_

Thank you for your assistance e Cashflow Systems 303-486-0840

# **e Payed™**

## **No Cost Secondary Collections (Optional) Authorization for Secondary Collection Services**

The following Business \_\_\_\_\_ (Name), hereby authorizes e Cashflow Systems to use secondary collection methods to collect all checks that cannot be collected electronically. Secondary methods may include contacting the check writer by telephone and/or mail. If contacts fail to produce payment, legal means will be utilized to recover full face value of check.

Collections will be carried out by our licensed agency, which has over 25 years experience in the collections industry. A Network of law firms, who specialize in check collections across the country, may also be utilized to pursue bad check writers, which may include prosecution in the US Court System.

I/we authorize e Cashflow Systems, after having exhausted electronic collection efforts, to collect our checks using every legal means.

**Account holder Signature** \_\_\_\_\_

Printed Name \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

**Please attach a VOIDED CHECK here**