

MERCHANT & BUSINESS INFORMATION				
Business DBA:	Contact:			
Address:	City:	St:	Zip:	
Phone#:	eMail:			

WEB SITE PROFILE & SERVICES						
URL: www.			Recurring Billing:	YES		NO
Virtual Terminal:	YES	NO	Membership & Pas	ssword:	YES	NO
Shopping Cart:	YES	NO	Shipped Goods:	YES	NC	C

FEES FOR SERVICE			
Gateway License Fee (one time) :	\$	Print Name:	
Monthly Gateway Fee:	\$	Signature:	
Per Transaction Fee:	\$	Date:	

BILLING INFORMATION	ACH	Credit Card	((check one)
Financial Institution:	Name O	n Account:	
Routing Number:	Account	Number:	
Credit Card #:	Expiration	on Date:	CVV2:
Billing Address:	x		

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS

I, hereby authorize Strategic Merchant Solutions (SMS), to initiate credit/debit entries to my checking, savings or credit card account selected above. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of the United States law. If I do not have enough money in my designated account to cover the transfer or if my Financial Institution, for any other reason refuses to honor a transfer, I will separately pay Strategic Merchant Solutions for the charges I owe under my agreement. NSF and returned items are charged up to \$25 each. I also acknowledge that there will be % ACH'd from our account weekly for addition maintiance fee's.

This authorization is to remain in full force and effective until SMS has received written notification from of its termination in such time and in such manner as to afford the Financial Institution and us a reasonable opportunity to act on it. We deem this to be seven (7) days.

Important: Strategic MRCHT will appear on your bank statement.

Print Name:	X	Date:
Print Name:	X	Date: