



**PAY ME NOW
PAYMENT GATEWAY
SET-UP FORM & FEES**

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 & Password:
Shopping Cart:	YES	NO	YES
			NO
	Shipped Goods:	YES	NO

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 On Account:		
Routing Number:	Account Number:		
Credit Card #:	Expiration 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 Merchant Solutions will appear on your bank statement.

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