



510 N Valley Mills Dr. Ste 702
Waco, TX 76710

Ph: 866-554-2224
Fax: 866-954-2224

PREAUTHORIZED CONSUMER PAYMENTS

Payment Types to be Used (check all that apply) Recurring (PPD) Single (PPD)

Please include sample authorization language Included

How will you obtain authorization from your customer Written Signature Faxed Request

Would you like ProfitStars to Automatically Represent NSF ACH Returns Yes No *If yes please complete ACH Collection & Representation Options Questionnaire*

BUSINESS PROFILE

Business Description (describe exactly what types of products or services you will be accepting payments for)

Annual Sales
\$ _____ - Check _____ % Credit Card _____ %

Please provide details about your current and anticipated check processing activity. The information you enter will be used to determine your underwriting criteria. Please complete all of the fields, ensuring that both current and projected numbers are accurate.

	Current Volume	Projected Volume	TOTAL DOLLAR AMOUNT OF ALL ITEMS	
			Current	Projected
What is the average number of items you process per day			Daily Avg:	\$ - \$
What is the maximum number of items you process per day			Daily Max:	\$ - \$
What is the maximum number of items you process per week			Weekly Max:	\$ - \$
What is the maximum number of items you process per month			Monthly Max:	\$ - \$
What is the average dollar amount per item				
What is the minimum dollar amount per item				
What is the maximum dollar amount per item				

Check Frequency from Any One Individual Daily Weekly Bi-Weekly Monthly Other (specify): _____

Check / Debit Authorization Agreement

I authorize PROFITSTARS - A JACK HENRY COMPANY to electronically debit my checking account for a one-time, Non-Refundable Application & Setup Fee in the amount listed below. If this item is dishonored for any reason, I authorize an additional debit to my checking account for the State maximum returned check fee. My entry of the above information and my signature on this agreement below shall be my authorization to execute this transaction.

Debit this amount	\$	-
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Print Name _____ Address, City, State & Zip _____

Authorized Signature _____ Title _____

Print Name _____ Date _____

Sales Representative (Individual Name & Company Name) _____