MARK & GORGE ASSOCIATES

Powered by: NSF Pursuit, Inc.

Electronic Check Recovery
Merchant Application / Bank Information

Merchant's Legal Business Name		DBA			
Billing / Returned Item Notification Address		City		State	Zip Code
Retail Location Address		City		State	Zip Code
County (Very Important)	# of Locations	Phone Number		Fax Number	
Contact Person/Title		Email Address			
Ownership - Partnership/Corporation	Year Acquired	Federal Tax ID		Social Security Number	

Name of Primary Bank	Name of Account
Bank Representative	Bank Phone Number
Bank Routing Number	Bank Account Number

The Undersigned certifies the accuracy of all of the Merchant information provided herein and authorizes NSF Pursuit, Inc. 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 NSF Pursuit, Inc. of any and all changes, which may occur from time to time, relative to the information and statements contained herein. Merchant authorizes NSF Pursuit, Inc. to debit applicable reporting fees from the bank account listed above.

Merchant hereby agrees to obtain appropriate authorization for any applicable return fee, before submitting a return check item for Processing Merchant will obtain check writer authorizations by the following method(s). **Initial below the method(s) to be used.**

_____ By following the latest NACHA guidelines for check acceptance and electronic check re-presentment, and posting signage

_____ By stamping all checks with the stamp approved by NSF Pursuit, Inc. and having customer sign where indicated.

_____ By placing authorization language acceptable to NSF Pursuit, Inc. on any invoice, remittance advice, check acceptance agreement, contract or similar document which has been signed by Customer.

_____ Signed authorization on receipt generated by point of sale device.

Company Name _____ Dated _____

Signature _____ Printed Name _____ Position _____