



SWORDePay™

# TEST Acknowledgement and Authorization for FREE TEST SwordePay™ NSF Check & ACH (EFT) Decline Recovery Service

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 ( <i>proprietorships</i> )	
Type of Business	Products/Services provided			

SeeTek, LLC. (Processor) hereby agrees to accept up to 100 NSF Checks and/or returned ACH items for electronic collection recovery in TEST mode. The Processor **will not** charge Client or payment authorizer for the recovery of the unpaid TEST items. NSF Payment recoveries will be deposited at 100%. This agreement is valid for a thirty (30) day term and is automatically renewed for thirty (30) days for a total of 60 days unless either party gives written notice to cancel. Client authorizes the Processor to initiate credit/debit entries to its checking account as part of the TEST service of completing the recovery with deposit of the items. The Undersigned certifies the accuracy of the Client information provided herein and has obtained ACH authorizations by the following method(s):

**Initial:** \_\_\_\_\_ Client agrees to follow the latest NACHA guidelines for check/ACH acceptance and electronic re-presentation. For checks by either placing a sticker/notice at the point of sale or using acceptable language on invoices/websites/contracts, Terms and Conditions, etc. For ACH, Client, per NACHA rules, must have signed authorizations from its customers.

Merchant Signature \_\_\_\_\_ Print name \_\_\_\_\_ Title \_\_\_\_\_

SeeTek Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Title \_\_\_\_\_

ISO Partner \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

*Include a voided check for direct deposit of collected items and completion of report set up*

**Fax completed form to 1-866-867-4365 or email to:**

jayson.french@SeeTekCorp.com

1-833- GET SWRD (438-7973)

**MAIL: Up to 100 Checks to**

SeeTek Clearing House  
PO Box 371980  
Denver, CO 80237

