



ACH Authorization Form

Customer (full legal name): _____

For businesses, please include full legal entity name, indicating whether a corporation, LLC, or partnership

Account Information

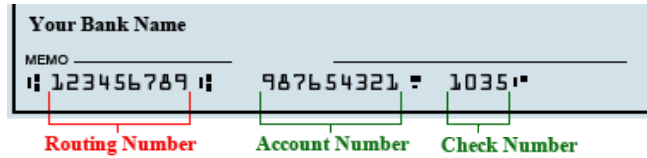
Name on Account: _____

Name of Financial Institution: _____

ABA Routing Number: _____ Account Number: _____

ABA numbers must be 9 digits located between the @ symbols

Numeric values only; please include all zeros



Currency Code: USD Account Type (select one): Checking Savings

Prior to signing this ACH agreement, Customer shall confirm with the bank it identifies above that Verifone's ACH Company ID number (4990206064) is not blocked by such bank and hereby represents and warrants that it has confirmed same.

This ACH agreement is being entered into in conjunction with Verifone's commercial agreement with Customer for products, software or services ("Commercial Agreement"). Payment will be initiated in accordance with the Commercial Agreement. In the event of any conflict between the Commercial Agreement and this ACH agreement, this ACH agreement shall control.

Customer hereby authorizes Verifone, and irrevocably constitutes and appoints Verifone (and any officer or agent thereof, with full power of substitution) as its true and lawful attorney-in-fact with irrevocable power and authority in the place and stead of Customer and in the name of Customer or in its own name (which appointment is coupled with an interest), (a) to debit directly from the Account (including any and all interest, taxes, fees and other amounts chargeable to Customer under the Commercial Agreement) when and as the same shall become due and payable, and (b) if necessary, to initiate credit entries to the Account to reverse all or a portion of a debit. Verifone and Customer agree that ACH transactions involving the Account must comply with the provisions of U.S. law.

If Customer believes that any payment transaction initiated by Verifone (or its agent) with respect to the Account is erroneous, or if Customer needs more information about any such transaction, Customer should contact Verifone as soon as possible by telephone at (727) 953-4000. In any event, Verifone must hear from Customer no later than 90 days after the date the questionable transaction first appeared on the Account in order to receive a credit. Verifone will attempt to determine whether an error occurred within ten (10) business days after Verifone hears from Customer and will correct any error promptly. If Verifone needs more time, however, Verifone may take up to forty-five (45) days to investigate Customer's complaint or question.

This ACH agreement shall remain in full force and effect until the earlier of (a) Verifone has received written notification from Customer of its termination in such time and in such manner as to afford Verifone and its financial institution a commercially reasonable opportunity to act on it, or (b) termination of Customer's obligation to pay Verifone under the Commercial Agreement. In addition, Verifone may terminate this ACH agreement upon written notice if Customer fails to pay any fees or other payments when due, if Verifone is unable to direct debit Customer's Account because there are insufficient funds, the Account has closed, or Verifone's direct debit attempt has been blocked. Any termination of this ACH agreement shall not relieve Customer of its payment obligations under the Commercial Agreement.

Customer: _____ Cust #: _____
Provide if known

Billing Address: _____

Authorized Signer: _____ Email address: _____

Title: _____ Phone Number: _____

Signature: _____ Date: _____

If you have more than one authorized signer on this account, please attach additional sheets as necessary to include their names and signatures. **Also, please attach proof of account authority for above signer if signing on behalf of an entity (e.g., corporate board resolution, authorization letter signed by a senior office, etc.)**

PLEASE EMAIL COMPLETED ACH AGREEMENT TO VERIFONE: i_reseller_setup@VERIFONE.com

If you need additional assistance, call (888) 297-7604; ext. 5 - Billing

Or mail completed agreement to: ATTN: Billing Department
300 Park Place, Suite 100
Clearwater, FL 33759