



http://www.eProcessingNetwork.Com
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Tech Support: 800 971-0997
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MERCHANT SERVICE AGREEMENT

Business Name: _____

I/we hereby authorize **eProcessingNetwork** to ACH Debit my/our bank account indicated below at the depository financial institution named below on the first business day of each month in payment for the following fees:

Secure Transaction Processing Gateway Monthly Fee _____

Per-Transaction Fee for each of the first 250 transactions processed during the previous month _____

Per-Transaction Fee for each transaction over 250 transactions processed during the previous month _____

This authorization is to remain in full force and effect until **eProcessingNetwork** has received written notification from me (or either of us) of its termination in such time and in such manner as to afford **eProcessingNetwork** and the depository financial institution named below a reasonable opportunity to act on it.

Depository Name: _____ Branch: _____

City: _____ State: _____ Zip: _____

Routing Number: _____ Account Number: _____

I/we acknowledge that the origination of ACH transactions to my /our account must comply with the provisions of U.S. law, and that I understand that these fees are in addition to any fees incurred by the merchant account bank.

Name(s): _____ ID Number: _____
(Please print, must be same as signer(s) on merchant agreement) (Federal Tax ID or SSN)

Date: _____ Signature: _____

E-Mail Address: _____

Phone Number: _____