



• **NSF Check Processing**
a free service for businesses
The right product... the right price... the right time...

RCK PROCESSING AGREEMENT

Company Information

Company Name _____
Mailing Address _____ City _____ State _____ Zip code _____
Phone _____ Fax _____ E-mail Address _____
County _____ Nature of Business _____

Home Office / Contact Information

Contact name _____ Tax ID # _____
Mailing Address _____ City _____ State _____ Zip code _____
Phone _____ Fax _____ E-mail Address _____
Other Notes: _____

Notify me of new checks every _____ days via E-mail. Notify immediately if check is greater than \$ _____
Bank information: Routing Number |: _____:| Account Number _____
Failed checks processing: Return Keep Forward to Collections

AUTHORIZATION: As a duly authorized representative of the above company, I authorize the account described above to be electronically accessed by *Last Echo, LLC* or its authorized originator as needed to process NSF checks in our stead. Said processing to be done in accordance with the rules of the National Automated Clearing House Association, and applicable Federal Regulations governing ACH transactions.

CANCELLATION: Either party may cancel this agreement by giving the other party 30 days written notice of termination, allowing for the completion of prior transactions which may be in process. Prior transactions will not be affected by cancellation of this agreement.

BINDING CONTRACT: This contract binds both parties only upon execution by an authorized representative of *Last Echo, LLC*.

Client Signature Printed Name Title Date

Authorized Agent Phone Number Date