



ACH AUTHORIZATION RELEASE

_____ (“Customer”) authorizes Columbus Data Services, (“CDS”) to initiate ACH transfer entries and to debit and/or credit the account identified herein for all Processing Services. CDS shall have the right to credit or debit account, on behalf of the Customer, for settlement of transactions, settlement error corrections, transaction adjustments and any amounts or fees due CDS by Customer. Customer agrees to keep account funded to the extent needed to reasonably support transaction adjustments. All shortages and adjustments are the full responsibility of the Customer. Customer agrees to comply with all electronic fund transfer regulations, requirements and rules. This Authorization shall remain in effect unless cancelled by Customer by providing written notice of cancellation to CDS and after such time as all settlements and adjustments have been processed/cleared through the account. Any debits and credits pursuant to this Authorization will be effected through the Federal Reserve System automated clearing house (ACH) system.

Settlement Disputes

Customer shall audit and balance the terminal(s) associated with the settlement account indicated below and shall promptly, but in no event more than 30 days after the date of any disputed or missing item, notify CDS of any disputed or missing item or items. If CDS determines that the disputed or missing item was credited or debited or not made in error by CDS, CDS shall correct the error; however, CDS shall not be liable for any recovery of any amounts over 30 days prior to the date CDS was notified of the disputed or missing item although CDS will use its best efforts to recover any amounts over 30 days from the disputed date.

The undersigned represents and warrants to CDS that (a) the person executing the Authorization is authorized signatory on the Account referenced above and all information regarding the Account and the Account Holder is true and correct.

Authorized by: _____ Date: _____
Print Name and Title: _____

Daily Cash Settlement Account Information***

***** This form Must be accompanied by a printed voided check or a letter from the Bank to which the funds are settling referencing the Customer’s name, routing number and account number.**

Financial Institution: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Contact Name: _____ Phone Number: _____

Routing/Transit Number (9 digits) : _____
Account Number: _____

Business Name as it Appears on the Account

CDS use only

Date received: _____
Date entered: _____ Entered by: _____
