ProfitStars
A JACK HENRY COMPANY

510 N Valley Mills Dr. Ste 702
Waco, TX 76710

Ph: 866-554-2224
Fax: 866-954-2224

PREAUTHORIZED CORPORATE PAYMENTS

Payment Types to be Used (check all that apply) ☐ Recurring (CCD) ☐ Single (CCD)

Please include sample authorization language ☐ Included

How will you obtain authorization from your customer ☐ Written Signature ☐ Faxed Request

Would you like ProfitStars to Automatically Represent NSF ACH Returns ☐ Yes ☐ No *If yes please complete ACH Collection & Representment Options Questionnaire*

BUSINESS PROFILE

Business Description (describe exactly what types of products or services you will be accepting payments for)

Annual Sales

$ - Check 0.00% % Credit Card 0.00% %

Please provide details about your current and anticipated check processing activity. The information you enter will be used to determine your underwriting criteria. Please complete all of the fields, ensuring that both curr projected numbers are accurate.

	Current Volume	Projected Volume
What is the **average number** of items you process **per day**		
What is the **maximum number** of items you process **per day**		
What is the **maximum number** of items you process **week**		
What is the **maximum number** of items you process **per month**		
What is the **average dollar amount** per item		
What is the **minimum dollar amount** per item		
What is the **maximum dollar amount** per item		

TOTAL DOLLAR AMOUNT OF ALL ITEMS		
	Current	Projecte
Daily Avg:	$ -	$
Daily Max:	$ -	$
Weekly Max:	$ -	$
Monthly Max:	$ -	$

Check Frequency from Any One Individual ☐ Daily ☐ Weekly ☐ Bi-Weekly ☐ Monthly ☐ Other (specify):

Check / Debit Authorization Agreement

I authorize PROFITSTARS - A JACK HENRY COMPANY to electronically debit my checking account for a one-time, Non-Refundable Application & Setup Fee in the amount listed below. If this item is dishonored for any authorize an additional debit to my checking account for the State maximum returned check fee. My entry of the above information and my signature on this agreement below shall be my authorization to execute this tra

Debit this amount $ -

Print Name

Address, City, State & Zip

Authorized Signature

Title

Print Name

Date

Sales Representative (Individual Name & Company Name