



CHECK CONVERSION

Payment Types to be Used (check all that apply)
 Check 21 (Sweep) Accounts Receivable Conversion (ARC) Back Office Conversion (BOC) Point of Purchase (POP)

Please include sample authorization language for ARC & BOC Included

How will you process your items (please choose key entry or car/lar)
 Key Entry RDM Scanner Serial Number: _____
 CAR/LAR Type of Scanner: RDM MVX TS230 Scanner Serial Number: _____

If you Selected ARC, BOC and/or POP please complete:
 Would you like ProfitStars to Automatically Represent NSF ACH Returns? Yes No *If yes please complete ACH Collection & Representation Options Questionnaire*
 Do you want to use a Virtual Endorsement Yes No

BUSINESS PROFILE

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

Annual Sales
 \$ _____ Check _____ % Credit Card _____ %

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 current and projected numbers are accurate.

	Current Volume	Projected Volume	TOTAL DOLLAR AMOUNT OF ALL ITEMS	
			Current	Projected
What is the average number of items you process per day			Daily Average	\$ - \$ -
What is the maximum number of items you process per day			Daily Maximum	\$ - \$ -
What is the maximum number of items you process per week			Weekly Maximum	\$ - \$ -
What is the maximum number of items you process per month			Monthly Maximum	\$ - \$ -
What is the average dollar amount per item				
What is the minimum dollar amount per item				
What is the maximum dollar amount per item				

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 reason, I 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 transaction.

Debit this amount \$

Print Name _____ Address, City, State & Zip _____

Authorized Signature _____ Title _____

Print Name _____ Date _____

Sales Representative (Individual Name & Company Name) _____