



http://www.eProcessingNetwork.Com
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Tech Support: 713-880-0327
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Reseller ID# 0911466

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 _____

Email Address _____

Phone Number _____