



## ***New Account Submission Form***

Date: \_\_\_\_\_

Name of Account (DBA): \_\_\_\_\_

Additional location: Yes \_\_\_\_\_ No \_\_\_\_\_

Name of previous location: \_\_\_\_\_

Lead merchant #: \_\_\_\_\_

Specialty product: \_\_\_\_\_ (i.e. wireless, petroleum, etc...)

Special instructions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Agent Name/Sales ID: \_\_\_\_\_

Agent Contact Number: \_\_\_\_\_

The following documents are required when submitting an agreement. If the required is not received, this could delay the processing of your accounts. **All Focus Merchant Services originals should be mailed NEXT DAY AIR after faxing in!**

***Required Documents:***

- MPA (3 pages) –Signature(s) on page 3 with Date
- ACH Authorization Form
- Voided Check (*Full Address Pre-Printed*) or Bank Letter (*as per attached Sample*)
- Confirmation Page with Signature & Date (*Program Guide – Page 30*)



**FOCUS MERCHANT SERVICES, LLC.**

2900 WILCREST DRIVE, SUITE 110 • HOUSTON, TX. 77042

LOCAL (713) 435-8400 • FAX (713) 952-4476

WWW.FOCUSMERCHANTS.COM

## ACH AUTHORIZATION FORM

As a duly authorized check signer on the financial institution account identified below, I authorize Focus Merchant Services to perform scheduled or periodic electronic funds transfer debits and/or credits to or from my account identified below as required.

For accounting purposes, all electronic debits and credits will be reflected in the monthly bank statement that corresponds with the financial institution account identified below.

I understand and authorize all of the above as evidenced by my signature below.

AUTHORIZED CHECK SIGNER: \_\_\_\_\_

AUTHORIZING SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**Financial Institution account “identifying information”:**

Enter financial institution account information into the fields provided below or attach a blank VOID check.

<b>Complete or attach a Blank “VOID” Check here.</b>	<b>Financial institution:</b>	<b>Branch Phone Number:</b>	
	<b>City:</b>	<b>State:</b>	<b>ZIP CODE:</b>
	<b>Transit/ABA #</b>	<b>Account #</b>	

**Example**

**Financial Institution**

510 Money St. 00001  
 Anycity, ST. 00000

John Doe  
 123 Street  
 Anycity, ST. 00000

Date \_\_\_\_\_

Pay to the Order of \_\_\_\_\_ \$

\_\_\_\_\_ Dollars

Memo \_\_\_\_\_

⋄: xxxxxxxxx ⋄: 0000 0000 000000 “⋄

This is the 9 digit Transit / ABA Bank Routing number.

The Account number is usually to the right of the Routing number. Some Financial Institutions add the check number between the Routing and Account numbers

Please read the Merchant Processing Program Guide in its entirety. It describes the terms under which we will provide merchant processing services to you.

From time to time you may have questions regarding the contents of your Agreement with Bank and/or Processor or the contents of your agreement with TeleCheck. The following information summarizes portions of your Agreement in order to assist you in answering some of the questions we are most commonly asked.

1. **Your discount rates are assessed** on transactions that qualify for certain reduced interchange rates imposed by MasterCard, Visa and Discover Network. Any transactions that fail to qualify for these reduced rates will be charged an additional fee (see Section 18 of the Card Processing Program Guide).
2. **We may debit your bank account** from time to time for amounts owed to us under the Agreement.
3. **There are many reasons** why a Chargeback may occur. When they occur we will debit your settlement funds or settlement account. For a more detailed discussion regarding Chargebacks, see Section 10.
4. **If you dispute any charge or funding**, you must notify us within 45 days of the date of the statement where the charge or funding appears or should have appeared.
5. **The Agreement limits our liability to you.** For a detailed description of the limitation of liability see Section 20.
6. **We have assumed certain risks** by agreeing to provide you with Card processing. Accordingly, we may take certain actions to mitigate our risk, including termination of the Agreement, and/or hold monies otherwise payable to you (see Section 23, Term; Events of Default and Section 24, Reserve Account; Security Interest).
7. **By executing this Agreement with us** you are authorizing us to obtain financial and credit information regarding your business and the signer and guarantors of the Agreement until all your obligations to us are satisfied.
8. **The Agreement contains a provision** that in the event you terminate the Agreement early, you may be responsible for the payment of early termination fees as set forth in Section 36, Additional Fee Information.
9. **If you lease equipment from Processor**, it is important that you review Section 34 in Third Party Agreements. **This lease is a non-cancelable lease for the full term indicated.**

#### 10. Association Disclosure

##### Visa and MasterCard Member Bank Information: Wells Fargo Bank, N.A.

The Bank's mailing address is 1200 Montego Way, Walnut Creek, CA 94598, and its phone number is (925) 746-4143.

##### Important Member Bank Responsibilities:

- a) The Bank is the only entity approved to extend acceptance of Visa and MasterCard products directly to a Merchant.
- b) The Bank must be a principal (signer) to the Merchant Agreement.
- c) The Bank is responsible for educating Merchants on pertinent Visa and MasterCard rules with which Merchants must comply; but this information may be provided to you by Processor.
- d) The Bank is responsible for and must provide settlement funds to the Merchant.
- e) The Bank is responsible for all funds held in reserve that are derived from settlement.

##### Important Merchant Responsibilities:

- a) Ensure compliance with cardholder data security and storage requirements.
- b) Maintain fraud and chargebacks below Association thresholds.
- c) Review and understand the terms of the Merchant Agreement.
- d) Comply with Association rules.

Print Client's Business Legal Name: \_\_\_\_\_

By its signature below, Client acknowledges that it received the complete Program Guide [Version FMSWF1206(ia)] consisting of 30 pages (including this confirmation).

Client further acknowledges reading and agreeing to all terms in the Program Guide, which shall be incorporated into Client's Agreement. Upon receipt of a signed facsimile or original of this Confirmation Page by us, Client's Application will be processed.

Client understands that a copy of the Program Guide is also available for downloading from the Internet at:

[www.focusmerchants.com](http://www.focusmerchants.com)

**NO ALTERATIONS OR STRIKE-OUTS TO THE PROGRAM GUIDE WILL BE ACCEPTED AND, IF MADE, ANY SUCH ALTERATIONS OR STRIKE-OUTS SHALL NOT APPLY.**

**Client's Business Principal:**

**Signature** (Please sign below):

X \_\_\_\_\_

\_\_\_\_\_ Title

\_\_\_\_\_ Date

\_\_\_\_\_ Please Print Name of Signer