

Bank Authorization Request for Return Item Check Forwarding



This form authorizes (Bank Name) _____ to mail to MSP/EFT Group **ALL** unpaid checks that have been presented to:

(Business Name:) _____

They should be sent to:

**MSP, INC.
P.O. Box 1393
Cañon City, CO. 81215-1393**

**Support or Questions: 866-881-5674
Business and/or Banker should fax form to: 719-276-2724**

This authorization supersedes and cancels all prior authorization and instructions for all eligible returned item check forwarding. **It is the sole responsibility of the Business to terminate and notify any other third party for which a similar agreement for processing return items exists, if necessary.**

RECITALS

XX **Electronic Check Re-presentation (RCK)**, a process whereby eligible items such as checks which have been returned due to NSF are converted into electronic debits and are re-presented through the Automated Clearing House (ACH) Network. A business's bank account will be credited electronically if funds are collected. MSP, Inc. shall be entitled to rely on, without exception, any posted notice, direct signage, or other written communication believed to have been presented to a check writer regarding the collection of their NSF check and NSF processing fee. **TERMINATION**. This agreement may be terminated upon notice by the business to their bank. This enrollee (business) has contracted with MSP, Inc. to represent the business's interests for electronic NSF check re-presentation and settlement using various systems.

PLEASE PRINT YOUR CONTACT INFORMATION

Business Name: _____ **Store Number: (If applicable)** _____

Phone: _____ **Fax:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Print Name:
Business/Owner or Contact Person: _____

Business

Authorized Signature: _____ **Title:** _____ **Date:** _____

Number of stores: _____ *If the business has more than one business checking account at the Bank, MSP will need this form filled out for each account number. If the business has more than one location, this form will need to be filled out for each location. Businesses' that track returned items by store number or location will be notified of those returned items based on the additional completed forms filled out.*

WE NEED ALL BANKING INFORMATION COMPLETED

Business Checking Account Number: _____

Bank Routing Number: _____ **Return Item fee if any: \$** _____

Bank Phone: _____

(Additional Business Information) Once MSP receives this form, we will mail your online ID/password and NSF check display decals. Once online, you can setup your own password. Returned check status reports will keep you abreast of the returned check collection process, as well as collected funds credited to your business checking account. Reports can also be downloaded for various accounting programs.

For internal use only:
SID #
