



APPROVAL FORM

ACH COMPANY ID	MERCHANT ID	MISC ID
COMPANY NAME		
ADDRESS		
STREET	CITY	STATE ZIP
MAIN POINT OF CONTACT		
NAME	PHONE #	EMAIL
APPROVED SEC CODES	<input type="checkbox"/> PPD	<input type="checkbox"/> CCD
	<input type="checkbox"/> WEB	<input type="checkbox"/> TEL
	<input type="checkbox"/> OTHER	

SETTLEMENT DELAY

_____ banking days following the Effective Entry Date.

THE RESERVE BALANCE WILL BE \$ _____

The Reserve Account will be a Priority Payment Systems owned account established and maintained with the ODFI

EXHIBIT B / MAXIMUM EXPOSURE LIMITS AND TRANSACTION LIMITS

DEBIT ORIGATION LIMITS

_____	_____	_____
MAXIMUM TRANSACTION AMOUNT \$	MAXIMUM DAILY AMOUNT \$	MAXIMUM MONTHLY AMOUNT \$

CREDIT ORIGATION LIMITS

_____	_____	_____
MAXIMUM TRANSACTION AMOUNT \$	MAXIMUM DAILY AMOUNT \$	MAXIMUM MONTHLY AMOUNT \$

SPECIAL INSTRUCTIONS

Empty box for special instructions