

|                 |  |   |
|-----------------|--|---|
| Name:           | <b>Data Age Business Systems, Inc.</b> | <b>Intercept Corporation</b>            |
| Address:        | 14450 46th Street N Suite 108          | 1700 42 <sup>nd</sup> St. SW, Ste. 2000 |
| City,State,Zip: | Clearwater, FL 33762                   | Fargo, ND 58103                         |
| Telephone:      | (727) 582-9100                         | (800) 378-3328 / (701) 241-2832         |

## **Authorization for Debit & Credit Electronic Funds Transfers**

I hereby authorize, Data Age Business Systems, Inc., as referred to here within as Data Age, and including Intercept Corporation (IC), to initiate electronic withdrawals and/or deposits to the bank account shown below. I understand that adjustment and/or reversing entries may be made to this account to insure an accurate and balanced accounting of all transactions. This authorization will remain in effect until:

- a) **I notify my Bank and Data Age in writing to terminate this agreement and give the Bank and Data Age reasonable time to terminate this agreement,**
- b) **The Bank, Data Age, and/or IC have sent me five (5) business days advance written notice of the Bank's and/or IC's termination of this Agreement.**

I understand any cancellation in writing will become effective no earlier than five (5) business days after the day and the last transaction has cleared and there are no outstanding balances to the account.

**I understand that Intercept Corporation provides electronic fund transfer services to Data Age. The funds to be transferred must be collaterally funded and are fully guaranteed by myself. In the event the funding for a transfer is returned for any reason or intercept has been provided incorrect information and/or has erroneously transferred funds to my account, I authorize Intercept Corporation to withdraw/reverse from my account the amount of funds transferred in error. I hereby hold Intercept Corporation harmless for transferring any funds upon the direction of my processor, and that my remedy for any erroneous transfers is solely against the processor and that I will hold harmless Intercept Corporation from any liability and damages resulting therefrom.**

**Limitation of Action:** The undersigned acknowledges that it has 60 days from the date of a withdrawal or deposit to the undersigned's account to dispute the withdrawal or deposit by the undersigned contacting my employer and Intercept Corporation by telephone and later supplemented in writing, or in writing of any discrepancies, errors or disputes concerning any transfer of funds to or from any account processed by Intercept. This will include but not limited to errors in amounts, erroneous transactions, or other transactions processed. All written notices must include the following information:

- a) The name of the company with whom the undersigned authorized the transaction, i.e., Data Age;
- b) Federal Taxpayer ID number of the company authorized to make the transaction;
- c) Federal Taxpayer ID number of the undersigned;
- d) The name of the undersigned;
- e) The name, account number and ABA number on the transaction in question;
- f) The dollar amount of the transaction in question; and
- g) Description of the error and explanation of the error.

Your agent, or IC will inform you of the results of their investigation within (10) days of the receipt of the complaint and will correct any error promptly. If your agent, or IC need more time, I understand that IC may take up to 45 days to investigate the undersigned's complaint. For transfers initiated outside the United States or transfers resulting from point of sale or debit/access cards, the time periods for resolving errors will be 45 days and 90 days respectively.

**Electronic Funds Transfer (15 U.S.C. § 1693):** I hereby acknowledge receipt of notice by the financial institution described here within of the undersigned's liability for an unauthorized electronic fund transfers, duty to promptly report such unauthorized transfers, charges for electronic fund transfers, the right to stop payment of pre-authorized electronic fund transfers, procedure to initiate such stop payment orders, the right to receive documentation of electronic fund transfers, and the Bank's liability pursuant to the Electronic Funds Transfer Act found at 15 U.S.C. § 1693, et al.

Undersigned Company's Name: \_\_\_\_\_

Undersigned Customers Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name on Bank Account: \_\_\_\_\_

Financial Institution: \_\_\_\_\_ Branch: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Billing Receipt Email\*: \_\_\_\_\_

Routing (ABA) Number: 

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Account Number: 

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Account Type :   Checking                      Savings

**Payment Amount and Terms:**

Specified on Executed Data Age Customer Care Agreement, Service Exhibits and/or Data Age Proposals.

**Agreed and Acknowledged:**

The undersigned has reviewed and acknowledged the conditions in this agreement. By signing below, undersigned agrees to the terms and conditions herein on the date executed.

\_\_\_\_\_  
Undersigned Customer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
FEIN / Social Security Number

\_\_\_\_\_  
Serial Number – OFFICE USE ONLY

***\* All ACH monthly paid receipts will be emailed to the above email address.***