



**Please Send Completed Forms To:**

**Fax #: 1-866-297-6367**

**Email: [insuracheck@insuracheck.com](mailto:insuracheck@insuracheck.com)**

**Or mail to:**

**InsuraCheck**

**7260 University Ave. NE Ste. 330**

**Minneapolis, MN 55432**

**For any questions on how to fill out any portion of the paperwork, please call Tara at 1-866-268-0030**



**NO COST RECOVERY SERVICE:** this agreement is entered on \_\_\_\_\_ (date), by and between InsuraCheck, hereafter referred to as Company, and \_\_\_\_\_ hereafter referred to as Client, to provide electronic re-deposit of checks returned as Non-Sufficient (NSF) or uncollected funds. To provide ACH services according to the Rules and Regulation, Company and Client agree as follows:

1. Client will post a NACHA approved sign at or near the check-out notifying the customer that the customer's bank account will be electronically debited for both the amount of the check plus state allowed NSF fees if the customer's check is returned for non-sufficient (NSF) or uncollected funds.
2. Company will hold collected funds in a custodial account for seven (7) days before collected funds are paid to Client. This is required to allow enough time for RDFI (Receiving Depository Financial Institutions) to return items that return a second time. Company will credit collected funds to Client's bank account on a weekly basis.
3. Client agrees not to accept payment from check writer or recall checks once checks are placed in the system. Client will sign a Release Form authorizing Client's bank to mail returned checks to company, and that client's bank will not be allowed to re-deposit the paper check. Each party agrees that all information concerning the other party shall be confidential. Company may advise potential users of its service that Client has a relationship with Company. Any dispute between Company and Client shall be submitted to binding arbitration, to be conducted pursuant to the rules of the American Arbitration Association. Any award may include an award for attorneys' fees and costs. Either party may terminate this Agreement at any time by written notice. Any termination will not affect Company's or Client's rights and obligations arising before the termination. Company agrees to abide by all UCC and NACHA rules for electronic check re-presentation and general electronic funds transfers. Client will supply copy of or an original voided check for account listed below. Company charges **\$5** for any check pulled from collections by client. Company recovers the collection fees as allowed by law in Client's particular state. This makes up the entire agreement between Company and Client concerning Company RCK services.

**Consolidation (OPTIONAL SERVICE)**

**YES**, I want to have **Company** electronically process my return items so they are not returned to my bank nor be charged a return item fee from my bank. **Company** has permission to debit my account for the face amount of return items and an additional service charge of \$ 2.00 per item. By signing this I understand I will be charged for the cost of my new endorsement stamp(s) at \$15.00 each. I need \_\_\_\_\_ stamp(s) and hereby authorize **Company** to debit my account \$\_\_\_\_\_ for the new stamp(s). InsuraCheck may ask for this stamp back at any time and fee for stamp will be reimbursed. Merchants with monthly volume of 100 bounced checks or more, or total monthly dollar volume exceeding \$3000 may be asked to provide a reserve amount to be determined by Company. In some cases if the volume of checks or dollar amount exceeds the above levels a direct relationship with the bank may be required.

Merchant signature for acceptance of "Consolidation" terms  \_\_\_\_\_ Date: \_\_\_\_\_

<b>Legal Corporate /business Name:</b> _____	<b>DBA</b> _____
<b>Address:</b> _____	<b>City:</b> _____ <b>State:</b> _____ <b>Zip:</b> _____
<b>Fed Tax I.D. #:</b> _____	<b>Date of Incorporation:</b> _____ <b>Type of Business</b> _____
<b>Business Phone:</b> ( ) _____	<b>FAX:</b> ( ) _____ <b>Email</b> _____
<b>Contact:</b> _____	<b>Position</b> _____ <b>Other contact:</b> _____
<b>Bank Name:</b> _____	<b>Routing #:</b> _____ <b>Account #</b> _____
<b>Please check one of the following options to receive your weekly reports by:</b> <input type="checkbox"/> <b>US Mail</b> <input type="checkbox"/> <b>Fax</b> <input type="checkbox"/> <b>Email</b>	

**SECONDARY COLLECTIONS:**

How would you like us to handle NSF checks that have not been collected after 3 attempts or checks returned for reasons other than NSF? Please initial:

1. \_\_\_\_\_ Continue the collection process with any means necessary to collect this debt. This may include letters, phone calls and legal proceedings. The maximum fee allowed by the state may be assessed as well as any applicable attorneys' fees. **No fees** to Client for collecting checks that are forwarded to secondary collections. **80% of the face value of checks collected is paid monthly. Client is responsible for all collection fees if merchant accepts payment for or recalls check that is in secondary collections.**
2. \_\_\_\_\_ Please return all of these items to me

**Verification:** I would like check verification at my store at the rate of \_\_\_\_\_ cents per transaction with a \$9.95/month minimum. I agree that \$\_\_\_\_\_ will be debited from my account for a check verification machine. I also agree that the monthly bill for verification will be debited from my account on or about the 10<sup>th</sup> of each month. **Initial here to accept "Verification" terms** \_\_\_\_\_.

Customer needs stickers: (circle one)    yes    no    Sticker quantity: \_\_\_\_\_

**Client Signature** \_\_\_\_\_ **Printed** \_\_\_\_\_ **Date:** \_\_\_\_\_

**InsuraCheck Representative** \_\_\_\_\_ / \_\_\_\_\_ **Date:** \_\_\_\_\_  
(sign) (print)

**Special Instructions:** \_\_\_\_\_



# InsuraCheck

Merchant Services

For All Your Point of Sale Needs

## Bank Information

Effective this date \_\_\_/\_\_\_/\_\_\_, This authorizes \_\_\_\_\_ (Merchant's Bank) to mail the authorized NSF Processing Entity listed below all checks that have been given to us by our customers that have been returned (NSF Items) unpaid or uncollected by their bank.

This authorization supersedes and cancels all prior authorization and instructions for check forwarding. This authorization will remain in effect from the effective date forward until the below named bank (1) has received written notice to the contrary. This includes return items or copies of return items.

**Name on Account:** \_\_\_\_\_

**Merchant's Bank:** \_\_\_\_\_

**Bank Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Fax** \_\_\_\_\_

**Attn:** \_\_\_\_\_

Bank Routing #: \_\_\_\_\_ Account #: \_\_\_\_\_

Authorizing Merchant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

These checks (including copies) are not to be held or re-deposited. They are to be sent immediately when **first dishonored to:**

### **Please remit all return items to:**

**Gulf Management Systems/InsuraCheck  
35246 U.S. 19 N. # 132  
Palm Harbor, FL 34684**

**Phone : (866) -268-0030**

**Fax : (763) -755-0302**

**Bank – Please Note:  
Stamp or Sign box  
Below and fax completed form to  
1-763-755-0302**

Bank Authorization stamp or signature

\_\_\_\_\_  
This document has been processed and instructions have been added to the account listed above.