



Bank Account Verification Form for Merchant Services

| | | | | | | | | | | |
|--|----------------|--|--|--|--|--|--|--|--|--|
| Section A. Must be executed by authorized representative of Merchant | | | | | | | | | | |
| Merchant Name: | | | | | | | | | | |
| Address: | | | | | | | | | | |
| City, State, Zip | | | | | | | | | | |
| Bank Account Information | | | | | | | | | | |
| Routing Number (Must be 9 numbers) | Account Number | | | | | | | | | |
| <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table> | | | | | | | | | | |
| | | | | | | | | | | |
| I authorize you to release the following information by Forte, concerning my bank account with your bank Yes No | | | | | | | | | | |
| Merchant Signature | Date | | | | | | | | | |
| Name (Print) | Title | | | | | | | | | |

| | | | | | | | | | | |
|--|--------------------------------------|--|--|--|--|--|--|--|--|---|
| Section B. Must be completed by bank representative | | | | | | | | | | |
| ACH Routing Number (if different) | | | | | | | | | | |
| <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table> | | | | | | | | | | Does this account accept ACH credits and debits? Yes No |
| | | | | | | | | | | |
| Type of Account Personal Checking Business Checking Savings | Is the account Open Closed | | | | | | | | | |
| Bank Representative's Signature | Phone Number () - ext | | | | | | | | | |
| Bank Representative's Name (Print) | Date: | | | | | | | | | |
| Does the account information in Section A match your records? Yes No | | | | | | | | | | |
| Please fax form to (469) 675-8740 Attn: Account verification | | | | | | | | | | |

A **bank or teller stamp** must be placed in this section to verify the information on this page.

If you have any questions, please contact Customer Service at 1-866-290-5400