



Checklist

Please help us process your order as quickly as possible by following the four simple steps below:

1. **PRINT** Application and Checklist [[PDF DOC](#)] from website
2. **READ** End User License Agreement [[PDF DOC](#)] on website.
3. **SIGN** Application at bottom of Page 2
4. **GATHER** the following Supporting documents:

- Two years of Business' tax returns
- Copy of voided check
- Three months of bank statements
- Brief description about the type of business you operate:

5. **FAX Checklist, Signed Application and Supporting documents** to:

Clear Payments: Toll-Free fax service at [866-925-5815](tel:866-925-5815)

Or

Send To:

Clear Payments, Inc. c/o Peachtree
660 Bakers Bridge Rd. Suite 100
Franklin, TN 37067

6. **CONGRATULATIONS! Once the Checklist, Signed Application and Supporting documents have been received, you will be shipped a new check scanner and receive an Informational Email providing instructions on downloading the Clear Payments ECD application and connecting your check scanner.**

Enrollment Application Page 1 of 3



A common sense and cost effective approach for small business deposits.



BUSINESS PROFILE

Name: _____ **DBA Name:** _____
Address: _____ **Shipping Address:** _____
City: _____ **State:** _____ **Zip:** _____ **City:** _____ **State:** _____ **Zip:** _____
Phone: _____ **Fax:** _____
Federal Tax ID #: _____ **Annual Revenue:** _____ **Business URL:** _____
Description: _____

OWNER/OFFICER PROFILE

Owner 1
Social Security #: _____ **Date of Birth:** _____ **Percentage Ownership:** _____
First Name: _____ **Last Name:** _____ **# of Years as Owner:** _____
Home Address: _____ **City:** _____ **State:** _____ **Zip:** _____
Home Phone: _____ **Email Address:** _____
Driver License #: _____ **State:** _____

for additional Owners/Officers see Page 3

AUTHORIZED USER(S)

User 1
First Name: _____ **Last Name:** _____
Login Name: _____ **Email Address:** _____
Business Phone: _____ **Ext.** _____

User 2
First Name: _____ **Last Name:** _____
Login Name: _____ **Email Address:** _____
Business Phone: _____ **Ext.** _____

for additional Users see Page 3

TRANSACTION VOLUME INFORMATION

Max Single Check \$ Amount: _____ **Max # of Checks Deposited per Day:** _____ **Max # of Checks Deposited Monthly:** _____
Max Daily Deposit \$ Amount: _____ **Max Monthly Deposit \$ Amount:** _____ **# of Returned Checks per Month:** _____

FINANCIAL INSTITUTION INFORMATION (DDA)

DDA 1
Bank Name: _____ **Type of Account (Checking/Savings):** _____
Routing Number: _____ **Account Number:** _____

for additional DDA see Page 3

Enrollment Application Page 2 of 3



A common sense and cost effective approach for small business deposits.



PICK YOUR PLAN

Purchase Plan: 12 Month Term Month to Month

(Please Select One)

Description	Frequency	Plan Option Price	
		12 Month Term	Month to Month
All Inclusive Monthly Fee Plan (per Physical Location)			
Includes check processing for up to 100 checks, Image and deposit Quality Assurance, internet accessible detail reporting, scanner depot maintenance, customer service, online statements and two users (deposit to one DDA).	Monthly	42.50	49.50
Additional User(s)	Monthly	6.95	9.95
Additional Deposit Account(s)	Monthly	6.95	9.95
Additional Scanning Location(s)	Monthly	12.95	15.95
One-time Setup Fee			
Initial Engagement and Installation fee (includes check scanner deployment, Initial Processing Application (IPA) fee, software download, licensing and training)	One-time	99.00	149.00
<u>Unisys Micro 99 Check Scanner (8 checks/minute)</u>			
Quantity: _____ Single Feed, USB 2.0 connection, USB 2.0 powered, frontback scan, 600 DPI, (higher capacity auto feed scanners priced under options)	One-time	99.00	225.00
Shipping & Handling (2-Day Priority UPS)	One-time	25.99	25.99

AUTHORIZATION FOR DIRECT PAYMENT (DEBIT)

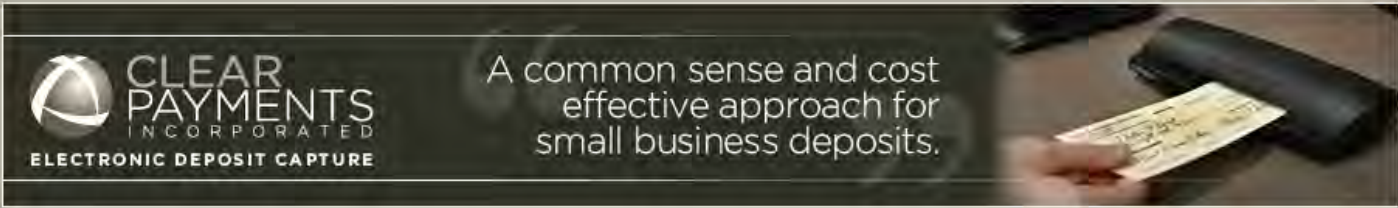
I authorize Clear Payments, Inc. (CPI) to initiate an ACH debit to my checking/savings account (provided above), for any initial one-time fees and monthly recurring fees, provided for on this application, for services being provided by CPI. If the ACH debit is returned unpaid, I authorize CPI to debit the designated account for the original debited amount and a returned item charge, as provided for in the [Clear Payment ECD End User Agreement](#). I acknowledge that fees will be assessed when additional services are required, for instances to include, but not limited to, the processing of returned checks, deposit adjustments and overages associated with item limits, as provided for in the [Clear Payment ECD End User Agreement](#). I ACKNOWLEDGE THAT I HAVE READ, UNDERSTAND, AGREE TO AND ACCEPT THE [Clear Payment ECD End User Agreement](#), and as evidenced by the signature below, wish to utilize the Clear Payments Electronic Check Deposit services.

Print Name _____

Date _____

Signature _____

Title _____



Additional Owner/Officer Profile

Owner 2

Social Security #: _____ Date of Birth: _____ Percentage Ownership _____
 First Name: _____ Last Name: _____ # of Years as Owner: _____
 Home Address: _____ City: _____ State: _____ Zip: _____
 Home Phone: _____ Email Address: _____
 Driver License #: _____ State: _____

Owner 3

Social Security #: _____ Date of Birth: _____ Percentage Ownership _____
 First Name: _____ Last Name: _____ # of Years as Owner: _____
 Home Address: _____ City: _____ State: _____ Zip: _____
 Home Phone: _____ Email Address: _____
 Driver License #: _____ State: _____

Additional Authorized Users

User 3

First Name: _____ Last Name: _____
 Login Name: _____ Email Address: _____
 Business Phone: _____ Ext. _____

User 4

First Name: _____ Last Name: _____
 Login Name: _____ Email Address: _____
 Business Phone: _____ Ext. _____

User 5

First Name: _____ Last Name: _____
 Login Name: _____ Email Address: _____
 Business Phone: _____ Ext. _____

User 6

First Name: _____ Last Name: _____
 Login Name: _____ Email Address: _____
 Business Phone: _____ Ext. _____

Additional Financial Institution Information (DDA)

DDA 2

Bank Name: _____ Type of Account (Checking/Savings): _____
 Routing Number: _____ Account Number: _____