



SPS New Merchant Questionnaire

Owing to more stringent Audit & Regulatory Requirements being enforced by various entities of our Federal and State Government's Banking authorities and NACHA itself, we are now required to provide more detailed information relating to the business activities of our prospective Customers. While the heightened level of this enforcement is 'new', the concept itself is not, and falls well within the 'Know Your Customer' obligations of all participants in the banking system, including SPS as a third party sender of electronic transactions.

- 1) Legal Business Name: _____
- 2) DBA Name: _____
- 3) Physical Address: _____

- 4) Mailing Address: _____

- 5) Email Address: _____
- 6) Phone #: _____ 7) Federal Tax ID #: _____
- 8) **Owner/Officer Name (1)** : _____ % Ownership: _____
Position: _____ SSN: _____ DOB: _____
Phone #: _____ Email: _____
Residence: _____ City: _____ St/ZIP: _____
Owner/Officer Name (2) : _____ % Ownership: _____
Position: _____ SSN: _____ DOB: _____
Phone #: _____ Email: _____
Residence: _____ City: _____ St/ZIP: _____
If more than 2 Owners, please attach a listing of Owner names including information requested above and submit respective DLs. If a Corp, please attach current Officer Listing.
- 9) Length of time current owner(s) has/have owned this business: _____
- 10) Is this business owned by a larger entity? Yes No
If yes, please explain: _____
Please attach a sheet with the owner info of that entity as outlined in the Owner/Officer section above.
- 11) Is there any foreign (non-U.S.) ownership in this Company? Yes No
If yes, please explain: _____
- 12) Please state/describe the nature and purpose of your Company's business activity and provide a detailed description of the Products or Services that your Company sells: _____
- 13) Does the nature of your business require any regulatory licenses? Yes No
If yes, please explain (*and provide such licenses to our office*): _____
- 14) Does your business do any lending or extension of credit? Yes No
If yes, please explain: _____
- 15) If you are a Third Party Collection Agency, what type of collections work are you performing? (ie. Collecting NSF Checks/ACH or collecting on bad debt): _____

- 16) If you are a Third Party Collection Agency, describe your typical Customer clients (ie. Medical, Credit Card, Auto Loan, Mortgage, Commercial debt holders, etc.): _____
- 17) If you are a Third Party Collection Agency, are you or any of your customers processing debt related to Payday Loan companies or Debt Consolidators? Yes No
If yes, please explain: _____
- 18) Who do you offer or sell your Products or Services to? Check all that apply: Yes No
- | | | |
|------------|--------------------------|--------------------------|
| Consumers | <input type="checkbox"/> | <input type="checkbox"/> |
| Businesses | <input type="checkbox"/> | <input type="checkbox"/> |
- 19) How are your Products or Services offered or sold to your Customer? Check all that apply: Yes No
- | | | |
|--------------------------------------------|--------------------------|--------------------------|
| Storefront | <input type="checkbox"/> | <input type="checkbox"/> |
| Online | <input type="checkbox"/> | <input type="checkbox"/> |
| Outbound Telemarketing Sales | <input type="checkbox"/> | <input type="checkbox"/> |
| Inbound Customer Initiated Telephone Sales | <input type="checkbox"/> | <input type="checkbox"/> |
- 20) Does the business have a Website? Yes No
If yes, Website Address: _____
- 21) How does your business plan on processing payments with SPS? **Check all that apply:** Yes No
- (ARC)** Single entry debit based on check received by mail, drop box, or at a manned bill payment location for conversion to ACH via check reading device
If yes, please provide a copy of the notice that is provided to the customer notifying them that their check may be converted to ACH.
- (BOC)** Single entry debit based on check presented at point-of-purchase or manned bill payment location for conversion to ACH during back office processing via check reading device
If yes, please provide a copy of the notice that is provided to the customer notifying them that their check may be converted to ACH.
- (CCD)** B2B ACH entries. (Debits or Credits to Business/Merchant bank accounts)
If yes, please provide a sample copy of your B2B(Busines-to-Business) agreement.
- (POP)** Single entry debit based on check presented at point-of-purchase or manned bill payment location for conversion to ACH via check reading device
If yes, please provide a copy of the terminal receipt.
- (PPD)** Transaction based on consumer's written / signed authorization or either single entry or recurring debits
If yes, please provide a copy of the customer ACH debit authorization form.
- (TEL)** Transaction authorized via the telephone
If yes, please provide CSR script and IVR script (if utilizing automated system) as well as a copy of the payment confirmation sent to the consumer. If processing "recurring" TEL transactions, please also provide an audio recording of a sample TEL transaction.
- (WEB)** Transaction authorized via the Internet (i.e. Merchant's website)
If yes, please provide screenshots of the payment process including terms and conditions pages. Also, provide a copy of your annual data security audit as required by NACHA to be completed by December 31st every year.

(RCK) Transaction based on a paper check that has been returned due to insufficient or uncollected funds

Yes No

If yes, please provide a copy of the notice displayed/provided to the consumer that a check returned for insufficient or uncollected funds may be re-presented electronically via the ACH network.

22) What is the transaction frequency? Check all that apply:

One-time / Single payment
Recurring payment

Yes No

23) If processing ACH transactions, what software are you using? (check all that apply)

SPS achXPRESS Host-to-Host Integration Property Boss SiteLink
 ClubSoft WinCable ePN Storage Commander
 Other (please specify): _____

24) Where is the ultimate destination of your settlement funds? United States Other

If not the U.S., then please explain: _____

25) What is your refund policy? _____

26) Have you previously processed ACH transactions? Yes No

If yes, please provide last 60 days return rates:

Administrative Returns% _____ Unauthorized Returns% _____ Total Returns% _____

Please, also attach your last 3 months processing history including volume in # and \$ and returns in # and \$.

27) Is there anything else you would like to add that might help us properly underwrite this account and set up properly on the front end to help avoid any potential issues with the ODFI once processing has begun? (ie. Volume seasonality, unusually high volume days, high returns volume, etc.) Yes No

If yes, please explain: _____

28) Please specify your desired **debit** transaction limits:

Maximum Individual Transaction: \$ _____ Maximum Daily: \$ _____
Maximum Weekly: \$ _____ Maximum Monthly: \$ _____

29) Do you intend on processing **credits**? Yes No

If yes, please explain why and specify those desired limits below: _____

Maximum Individual Transaction: \$ _____ Maximum Daily: \$ _____
Maximum Weekly: \$ _____ Maximum Monthly: \$ _____

Printed Name

Title

Signature

Date

Please complete this form and return with requested documents to Secure Payment Systems. You can do so by faxing to 614.448.0244 (ATTN: Contracts) or as an attachment via the secure email link "SPS/APS Secure Link" on the lower right side of the SPS website home page at www.securepaymentsystems.com and send to contracts@securepaymentsystems.com.

Thank you for your Cooperation!