

Setup Type	New Change	Terminal ID		=	MID		-	
PLEASE COMPLETE ENTIRE FORM								
ISO - Terminal Information								
ISO Particpant								
Terminal Name								
City							ZIP	
Cash Replenishment Settlement Information								
Customer Name		Routing Number		A No		Savings/	ACH form on file	New ACH form
Customer Name		Routing Number	Account Number		Checking/GL			
Reg E Settlement Information Savings/ ACH form on New ACH								
Customer Name		Routing Number		Account Number		Savings/ Checking/GL	file form	
*If not completed, the defa	ult for Reg E entries will be	e the cash settlement account.						
Surcharge Settlement Information								
			(Up To Ten Destir Savings/	nations)		Frequency	ACH form on	New ACH
Customer Name	Routing Number	Account Number	Checking/GL		Split \$/%	Daily/Monthly	file	form
			1					
		charge or if a %, should total 100 thly surcharge and no account lis		tle to ISO at mor	nth end.			
		Intercha (Up To Ten Destination	ange Settlement		nthly basis			
		•	Savings/	Debit/Credit			ACH form on	
Customer Name	Routing Number	Account Number	Checking/GL	(D or C)	Split \$/%	Payout Method	file	form
* If left blank, 100% of interchange will settle to the ISO or ISO has designated monthly interchange on Webtools.								
Reoccurring Monthly or One Time Debit								
		(U	Jp To Ten Destina Savings/	tions) Debit/Credit		One	ACH form on	New ACH
Customer Name	Routing Number	Account Number	Checking/GL	(D or C)	Split \$/%	Time/Reoccuring	file	form
* If left blank, 100% of inter	rchange will settle to the IS	SO or ISO has designated month	ly interchange on	Webtools.				
			Authorizatio	n				
All accounts must have a signed ACH Authorization Form submitted with the Terminal Settlement Distribution form or have a previously submitted ACH Authorization for the same account								
		have not had an ACH Authorizat orization form is not already on fi					opropriate copie	s of pre-
		•					0	
I authorize CONNECTED to use a previously submitted ACH Authorization form for the accounts listed above							O	
	I am submitting new o	r additional ACH Authorization	n Form (s) with t	his request for	the accounts		•	
Signature					Date			
ELECTRONIC SIGNATURE AGREEMENT: By typing your name above you are signing the agreements related to the services electronically. By typing your name above you agree that your use of a key pad, mouse or other device to select an item, button, icon or similar act/action, constitutes your signature (referred to as "E-Signature"), acceptance and agreement as if actually								
signed by you in writing. You also agree that no certification authority or other third party verification is necessary to validate your E-Signature and that the lack of such certification or third party verification will not in any way affect the enforceability of your E-Signature or any resulting contract between you and Connected Processing Services.								
Email to settlement@connectedps.com Phone: (833) 226-6328								
ACH Verified		Date/Initials Proc			Corrected		Verified	
				•				