



ACH and Pre-authorized Draft Agreement Change Form

To request bank account changes with North American Money Order Company, provide the following documents:

1. ACH and Pre-authorized Draft Agreement
2. ACH and Pre-authorized Draft Agreement Change Form
3. Voided check with company name printed in left-hand corner or letter from your new bank verifying your ABA and account number and account holder

Agent Number _____

Store Name and Address _____

Contact Name _____

Phone Number _____

Effective Date of New Bank Account _____

Return the documents listed above to North American Money Order Company by mail or fax to 770-360-9490. Confirm the changes with the ACH Department prior to using the new account.



P.O. BOX 1208 • ALPHARETTA, GEORGIA 30009-1208

Fax 770-360-9490

ACH AND PRE-AUTHORIZED DRAFT AGREEMENT

1. Trustee authorizes North American Money Order Company, Inc ("The Company"), to initiate debt and credit entries to the account specified in accordance with this Authorization and applicable rules relating to corporate trade payments entries of the National Automated Clearing House Association and its related member associations (the "Rules"). Debit entries are payments of obligations owing from time to time by Trustee to Company.
2. Any entry not returned in accordance with the Rules shall be deemed accepted by Trustee as to amount.
3. Trustee warrants (i) that, if Trustee is a natural person, the account is maintained primarily for commercial purposes and not for personal, family or household purposes; (ii) that the signature(s) below are all the signature(s) necessary to make this Authorization affective as to entries to the account; and (iii) Trustee will continue to maintain the account while this authorization is in effect. Neither Trustee nor The Company is liable for any act or omission of any automated clearing house, depository, or other person, including the originating depository financial institution. Trustee will indemnify and hold harmless The Company for any and all claims, demands, losses, liabilities or expense, including attorneys' fees and expenses, directly or indirectly resulting or arising out of the breach of these warranties and representations.
4. Either party may terminate this Authorization by giving sixty (60) days' written notice to the other party. This Authorization remains in effect as to all entries which occurred before the effective date of termination.
5. If the automated debit entry is returned because of insufficient funds or no open account, The Company will assess a charge of **\$25.00.**
6. Georgia law governs. "Trustee" means each person who signs below.
7. This Authorization contains the entire agreement of the parties with respect to the subject matter herein. This Authorization may be amended only by a writing signed by both parties.

Depository Name	Branch	City	State	Zip Code
Transit/ABA Number	Checking or Savings	Account Number		
Trustee Name(s) <i>(Please Print)</i>				
Name Exactly As It Appears On The Account		Telephone Number		
Signatures	Date	Signature	Date	
Type Name And Title		Type Name And Title		

Please attach a voided check from the account to be drafted.

Fax 770-360-9490