



Check Processing Services

Merchant Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

The above-named merchant is requesting a higher check limit. If request is approved, Merchant agrees to pay an additional 0.15% premium discount fee for each transaction processed in the amount greater than \$25,000.

Signor's Name: _____

(Please Print)

Signature, Person on Contract: _____

Date: _____