

Merchants should complete the below fields for eCheck setup, and submit this form and any necessary attachments to your sales representative or account executive.

SECTION 1: Merchant Information	
Merchant Name:	Merchant Number:
SECTION 2: Entry Class Codes	
Select all entry class codes you will be processing through Chase Paymentech:	
<input type="checkbox"/> WEB	<input type="checkbox"/> TEL
<input type="checkbox"/> PPD	<input type="checkbox"/> POP
<input type="checkbox"/> ARC	<input type="checkbox"/> CCD
Select the bank account type(s) you will be processing:	
<input type="checkbox"/> Consumer	<input type="checkbox"/> Business
<input type="checkbox"/> Both	
Indicate whether you will be processing transactions on behalf of other merchants as a submitter or third party sender: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Indicate whether you are processing transactions through a submitter or third party sender: <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please provide the name of the submitter:	
If you selected WEB above, then:	
a) Please provide a snapshot copy of the webpage(s) that pertain to the ACH authorization verbiage and collection of the consumer bank information. b) Please provide a description of your consumer authentication process. c) Please indicate the type of transactions processed: <input type="checkbox"/> Single <input type="checkbox"/> Recurring <input type="checkbox"/> Both	
If you selected TEL above, then:	
a) Please provide a copy of your telephone script specific to an ACH authorization. b) Please provide a description of your consumer authentication process. c) Please indicate type of TEL transactions processed: <input type="checkbox"/> Single <input type="checkbox"/> Recurring <input type="checkbox"/> Both d) If you are processing recurring TEL transactions, please verify you are able to both record the conversation and provide a written confirmation message for the consumer: <input type="checkbox"/> Yes <input type="checkbox"/> No e) If you are processing recurring TEL transactions, please provide Chase Paymentech a copy of the written confirmation message to the consumer. f) If you are processing one-time TEL transaction, do you plan to record the telephone conversation to be used as proof of the consumer authorization? <input type="checkbox"/> Yes <input type="checkbox"/> No g) If you selected No , please provide Chase Paymentech a copy of your written confirmation message to the consumer confirming the authorization conversation.	
If you selected PPD above, then:	
a) Please provide a copy of your written authorization document that is signed by the consumer. b) If telephone authorization is used, please provide a description of your telephone script.	
If you selected POP above, then:	
a) Do you have the appropriate signage/verbiage in place at the point of sale? <input type="checkbox"/> Yes <input type="checkbox"/> No b) Please confirm you are using a compatible hardware/software remote data capture solution: <input type="checkbox"/> Yes <input type="checkbox"/> No c) Please confirm you are scanning equipment capable of magnetically reading the MICR line information and storing the information: <input type="checkbox"/> Yes <input type="checkbox"/> No d) What date capture and MICR scanning solution are you using?	

If you selected ARC above, then:	
a) Do you have the appropriate notice/verbiage to your consumer in place? <input type="checkbox"/> Yes <input type="checkbox"/> No b) Please confirm you are using a compatible hardware/software data capture solution: <input type="checkbox"/> Yes <input type="checkbox"/> No c) Please confirm that you are using scanning/imaging equipment capable of magnetically reading the MICR line information and imaging/storing the information: <input type="checkbox"/> Yes <input type="checkbox"/> No d) What data capture and MICR scanning solution are you using?	
If you selected CCD above, then:	
a) Do you have the appropriate authorization language in a legally binding contract with your customer? <input type="checkbox"/> Yes <input type="checkbox"/> No b) Please provide a description of you authentication process: c) Are you properly coding the transactions as CCD? <input type="checkbox"/> Yes <input type="checkbox"/> No	
SECTION 3: NACHA Security and Compliance	
1. Please verify that for all authorization methods processed, you will be maintaining a copy of your proof of authorization for a minimum of two years from the revocation or cancellation of the authorization for recurring and/or from the original debt settlement date for one time, as per NACHA rules: <input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Please provide the Company Name and Description that will appear on the consumer's bank statement (NOTE: The Company Name should be a name recognizable to the user, and the Description must clearly describe the goods or services purchased. This same information must also be provided in your eCheck setup information): Company Name (16-character max.): Description (10-character max.):	
3. Please verify that you have the proper policies, procedures and systems in place to protect the confidentiality/integrity of ACH information against anticipated threats/hazards and against unauthorized use, as per NACHA rules: <input type="checkbox"/> Yes <input type="checkbox"/> No	
SECTION 4: Merchant Comments and Acknowledgement	
Please provide any comments or questions you may have. Refer to the eCheck Supplemental Sample Kit for sample authorization documents:	
Merchant Name (Printed):	Merchant Signature:
Merchant Title (Printed):	Date:

THIS SECTION FOR INTERNAL USE ONLY	
Chase Paymenttech Credit Representative Name:	
Comments:	