



ACH AUTHORIZATION FORM For PartnerRewards Program Commission Payments

Deluxe Corporation (Deluxe) and _____ (PartnerRewards Member Name) hereby agree as follows with respect to Deluxe’s posting PartnerRewards commission payments to the Member through the Automated Clearing House System (“ACH”):

- 1. Authorization Deluxe is authorized to periodically initiate ACH transactions to post PartnerRewards commission payments to the account identified in Section 2 below. By completing and signing this form you agree that the account is maintained for business purposes and can accept PartnerRewards commission payments.
2. Account The PartnerRewards commission payments should be posted to the following account:

Form with fields: Name on Account, Financial Institution Name where account resides, ABA Routing Number (9 digits), Account Number (max 17 digits), Account Type (GL, DDA).

3. PARTNER REWARDS PARTNER CONTACT INFORMATION:

Form with fields: Contact Name, Phone, E-Mail*, PartnerRewards Member Address (where report is mailed to), City, State, Zip.

*In the near future we will have the ability to notify you via e-mail when your ACH PartnerRewards commission payment will be deposited and to relay important program information.

Check here if you would like to decline this future e-mail notification.

AUTHORIZATION

Two signatures are required unless sole proprietor. We recommend an officer (Senior Management) and a Manager in Accounts Receivable or the Treasury/Bank Accounting function. By signing this authorization form you will be subject to the Governing Rules, Scope of Agreement and Terms as described below.

Form with fields: Printed Name, Signature, Title (for two parties).

- 4. Governing Rules The parties agree that the rules of the National Automated Clearing House Association (NACHA) shall govern the processing of commission payments transmitted through the ACH pursuant to this Authorization Form.
5. Scope of Agreement This Authorization Form is only meant to govern the processing of PartnerRewards commission payments through the ACH and no other contracts or agreements between the parties shall be modified, amended or otherwise altered by reason hereof.
6. Term This Authorization Form shall be valid until terminated by one party upon thirty (30) days written notice to the other.

If you require additional assistance or information to complete this form, please contact Kathy Korte at Deluxe Business Checks & Solutions at 1-800-346-5359 ext. 522389.

Summary box with fields: Please fax your completed ACH Authorization Form to: 1-866-898-8899; For Deluxe Use Only (Deluxe Company ID, Entered on BSINETBy, Date).