



Retailer/Company Name			
Location Name or DBA			
Street Address			
Suite/Floor			
City			
State		Zip code	
Phone		Fax	
Number of Locations	<input type="checkbox"/> If you use more than 1 bank account, please check this box and we will contact you for more info.		

CONTACT INFORMATION

Primary Contact Name:	Secondary Contact Name:
Title:	Title:
Email:	Email:
Phone:	Phone:

UNIQUE IDENTIFYING INFORMATION

FEDERAL TAX ID or EIN (9 digits)									
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BANK INFORMATION

Bank/Financial Institution Name									
Routing Number (9 digits)									
Account Number									
Account Type (circle one)	Checking				Savings				

Debit/ACH Filters or blocks

No, the above listed account does not have debit blocks/filters

Yes, the above listed account does have debit blocks/filters

NOTICE

The undersigned as authorized representative of Retailer and iControl Systems USA, LLC (iControl) hereby agrees to the [terms and conditions](#) of the Regulated Commerce Electronic Services Agreement (the "Agreement"), which is to become effective and binds iControl and Retailer as of the Effective Date. Retailer authorizes iControl and its authorized bank agents to initiate debit/credit entries for irrevocable payment for goods and services rendered by Retailer's authorized Distributors in accordance with the Agreement, including without limitation for correction of errors, refunds, charge backs, rejected items and payment of fees and other amounts owed to iControl. Notwithstanding any other provisions of the Agreement, this authorization shall remain in full force and effect until Retailer provides written notice of termination of authorization to iControl allowing for sufficient time for iControl and Retailer's bank a reasonable opportunity to act on such notice. Insufficient Funds in the account will result in a \$30.00 fee

ACCEPTANCE BY RETAILER

SIGNATURE	TITLE
PRINT NAME	DATE

ACCEPTANCE BY DISTRIBUTOR

DISTRIBUTOR SIGNATURE:	DISTRIBUTOR ACCOUNT NUMBER
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