

VA Fee Pay Program

Quick Setup Merchant Agreement (VA Card Only)

Yes, I'd like to begin accepting VA's Purchase card as soon as possible!

Merchant Name: _____

Doing Business As: _____

Business Form: Sole Proprietor Limited Liability Co. Partnership
 Corporation Other (specify) _____

Business Mailing Address: _____

Merchant Information: Telephone Number: (____) _____ - _____ **Ext.** _____

Federal Tax ID Number: _____ **State Tax ID Number:** _____

Depository Bank Name: _____ **Deposit Account Number:** _____

Transit/ABA Number: _____ **Processing Method:** EDC

Anticipated Qualification Level: DM / MOTO **Vendor Network:** NOVA

Transaction Fees: Discount Rate: 2.05%* Per Item Fee: \$0.25

***Merchant Representations and Certifications:** The applicant Merchant ("Merchant") and its representatives represent and certify that all information provided and all statements made in this Merchant Agreement and/or Application are true, complete, and accurate and agree to notify U.S. Bank National by signing below, that representative: 1) is authorized to enter into this Merchant Agreement on behalf of Merchant; 2) has accessed and read the U.S. Bank / NOVA Merchant Terms of Services ("MTOS"); and 3) acknowledges on behalf of Merchant that the MTOS is hereby incorporated into this Merchant Agreement by this reference. Merchant certifies that the total percentage of its transactions that are performed without the card being physically present is 100%. Discount rate is based on current Visa/MasterCard interchange rates and assessments and is subject to change.

If accepted into the Merchant Program by U.S. Bank, Merchant agrees to abide by the Terms and Conditions set forth in the MTOS, the Merchant Processing Guide, and this Merchant Agreement, as U.S. Bank may amend them from time to time. Merchant and each of its representatives hereby authorize U.S. Bank, prior to U.S. Bank's acceptance of the Merchant Agreement, and, if it is accepted, from time to time thereafter, to investigate the individual and business history and background of Merchant, each such representative, and any other officers, partners, proprietors, and or owners of Merchant, and to obtain credit reports or other background investigation reports on each of them bearing upon their financial responsibility or acceptability for participation in U.S. Bank's Merchant Programs. Merchant and each of its undersigned representatives agree that all business reference, including without limitation banks, may release any and all credit and financial information to U.S. Bank. Merchant further agrees and acknowledges that any information provided in connection with this Merchant Agreement and U.S. Bank may supply all other relevant information to its affiliates.

Under penalties of perjury, Merchant certifies that:

1. The number shown on this Merchant Application is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholdings as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person. For Federal tax purposes, you are considered a U.S. person if you are: an individual who is a U.S. citizen, or a U.S. resident alien, a partnership, corporation, company, or association created or organized in the U.S. or under the laws of the United States, an estate, (other than a foreign estate), or a domestic trust (as defined in Regulations section 301.7701-7)*

Signature and Date

Name and Title

Social Security Number / Tax ID Number

EOB Remittance Contact Name

EOB Remittance Contact E-mail Address

See Page 2, Below

In order that funding is directed to the correct bank routing number and checking account, please affix a voided check, below, and fax with Page 1 of the application to: (703) 234-6301

**Tape voided check here to ensure accuracy of depository information and
fax this document to the following number:**

(703) 234-6301

**NOTE: If this account has no checks, please have your bank print off the form from
www.vafeepay.com/enroll.html on their stationary, fill in and fax to the same number.**

Questions? Please call 1 (877) 223-3322 or email Tony Sanderson at tsanderson@fedac.com.