

Kahuna Payment Solutions, LLC ACH & Signature Authorization

Company hereby authorizes Kahuna Payment Solutions, LLC (KPS), its agents, or KPS's designated ACH Processor/ODFI, to present ACH Network credits and/or debits, to and from the account listed below and to and from any other account for which KPS is authorized to perform such functions under this Authorization Form. Kahuna Payment Solutions, LLC agrees to notify Company 24 hours in advance of any ACH debits initiated in order to correct any funding error.

CANCELLATION: I understand that I may cancel this ACH Authorization by providing written notice to the address below five (5) or more business days prior to the payment due date. I further understand that canceling my ACH Authorization does not relieve me of the responsibility of paying my account in full.

Kahuna Payment Solutions LLC reserves the right to assign this ACH Authorization to a party of its choice.

Please note that pre-paid cards and starter checks are not accepted. It is company's responsibility to notify KPS upon any change in information.

Company hereby authorizes KPS to automatically generate a valid, binding signature of Company on all documents (both hard copies and electronic copies) required to complete a FlexPay PLUS® transaction, as well as all contracts and/or documents associated therewith. Said signature shall be of a duly authorized individual of Company, who has the authority to sign on behalf of and bind the Company to all legal obligations thereunder. Company shall designate to KPS the name of one or more such authorized individuals of Company and such authorization and designation shall remain in effect until such time that written notice of revocation is received by KPS, and KPS is permitted three (3) business days to process such notice.

***All fields are required before being accepted for approval**

All Owner Information – Ownership must equal 100% - Make additional copies of this page as necessary

Legal First Name	Legal Last Name	Title
% of Ownership	Social Security #	Date of Birth
	- - - - -	

Legal First Name	Legal Last Name	Title
% of Ownership	Social Security #	Date of Birth
	- - - - -	

Company's Bank Name	Company's Federal Tax ID Number _____ - - _____
Company's Bank Account Number	Company's Authorized Signature
Company's Bank Routing Number (FED ABA) _____ - - - - -	Print Name & Title
Company's Bank Account Name	Today's Date

Independent Contractor's Name: Doug Harding / Carmine Malanga

Kahuna Payment Solutions, LLC Retailer Information

*All fields are required before being accepted for approval (If none, write None)

Legal Business Name			
DBA (Store Name)			
Entity Type (Ex: Sole Proprietor, Inc., Corp., LLC)			
Store's Physical Address	City	State	Zip
Store's Mailing Address (if different than physical address)	City	State	Zip
Store's Phone () -	Store's Fax () -		
Store's Primary Email Address			
Additional Email Address(es)			
Store's Website Address			
Description of goods sold or services provided			

Contact for Training/Product Implementation

Contact Name	Contact Phone #	Contact email address
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Store Hours of Operation (Please include open time and close time)

Mon	Tue	Wed	Thu	Fri	Sat	Sun
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For Internal Use Only

Doug Harding / Carmine Malanga	DR	SPFF	EFEE
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