



REQUEST FOR EXISTING LIMITS CHANGES

Payliance

2612 Jackson Avenue-West
Oxford, MS 38655
Telephone: (866) 627 2927
Fax: (614) 465 1700

IMPORTANT - PLEASE READ BEFORE PROCEEDING:

ALL INFORMATION LISTED IS REQUIRED AND MUST BE COMPLETED PLEASE FAX THIS REQUEST FORM TO (614) 465-1700.

ABOUT THE COMPANY

Merchant Name and ID

BUSINESS CONTACT INFORMATION

Address

City

Legal Business State

Zip Code

Phone #

REQUEST

Estimated Monthly Dollar Volume :

Estimated Daily dollar Volume:

Estimate Average Transaction size

Please provide a brief description of the general purpose for the increase request; stating whether temporary or permanent. If temporal, please provide effective dates of the increase, stating beginning and ending dates.

AUTHORIZED SIGNATURE

This notice is to request changes to the approved processing limits allotted for our business to process echecks. I understand this request is not guaranteed and the increase amount will be based off of our current processing and/or current credit profile. I agree to send copies of financials if the new monthly maximum exceeds \$75,000 (unless submitted at time of application). *Please include annual business financials or most recent tax return when submitting this form.

I hereby acknowledge the above request and agree to allow Payliance to review my credit (if needed). I will be notified of the decision via telephone or email.

Name of Authorized Signer

(As specified on the merchant agreement/application)

Phone

Email address

Signature of Authorized Principal

(As specified on the merchant agreement/application)

By Signing this form, you agree to adhere to the requirements set forth in the "Merchant Agreement"

If you should have any questions, please contact our Services department at (800) 634-4484 or email us at customerservice@payliance.com