

Request for Prenote—ACH Settlement

Request Type: **New Client** **Network Settlement** **Change Account Number**

Consolidate settlement to one net position by account number

Client Name: _____ EBT Client Logo: _____

Routing and Transit Number: _____ (8 Digits)

Client Contact Name: _____ Client Contact Phone Number: _____

1. Account Information for Settlement

Correspondent Bank Name or Processor Logo _____	FI Settled	Processor Rollup
Correspondent Routing and Transit Number _____	(9 Digits)	
Transaction Clearing Account Number* _____	Checking	G/L
For Network Settlement indicate Network(s) _____		

2. Account Information for Settlement Fees

Correspondent Bank Name or Processor Logo _____	FI Settled	Processor Rollup
Correspondent Routing and Transit Number _____	(9 Digits)	
Transaction Clearing Account Number* _____	Checking	G/L

3. Account Information for SPC Adjustments

Correspondent Bank Name or Processor Logo _____	FI Settled	Processor Rollup
Correspondent Routing and Transit Number _____	(9 Digits)	
Transaction Clearing Account Number* _____	Checking	G/L

4. Account Information for Recon Adjustments

Correspondent Bank Name or Processor Logo _____	FI Settled	Processor Rollup
Correspondent Routing and Transit Number _____	(9 Digits)	
Transaction Clearing Account Number* _____	Checking	G/L

5. Account Information for Surcharges

Correspondent Bank Name or Processor Logo _____	FI Settled	Processor Rollup
Correspondent Routing and Transit Number _____	(9 Digits)	
Transaction Clearing Account Number* _____	Checking	G/L

6. Account Information for Rewards

Correspondent Bank Name or Processor Logo _____	FI Settled	Processor Rollup
Correspondent Routing and Transit Number _____	(9 Digits)	
Transaction Clearing Account Number* _____	Checking	G/L

**Leave blank if processor logo is provided.*

Authorization

I hereby authorize all settlement including interchange fees and adjustments, for the above ATM networks to be debited or credited to the account number(s) indicated above.

Note: All Prenotes require a 10-business day lead time once new account information has been keyed into the system.

Authorized by: _____ Date: _____

Name: _____ Title: _____

Fax completed and signed form to 503-274-6619.