



DDA / ACH CHANGE FORM

MERCHANT INSTRUCTIONS

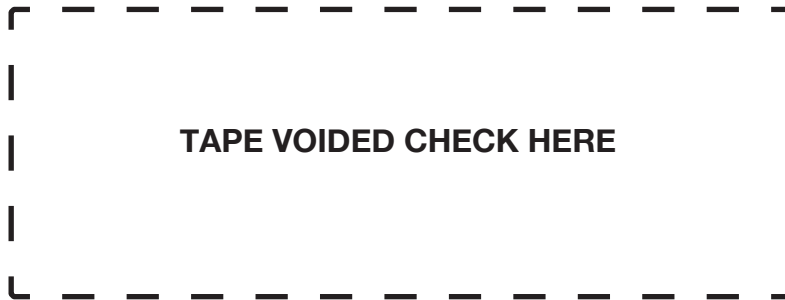
| FAX INSTRUCTIONS | MAILING INSTRUCTIONS |
|--|--|
| <p>Please complete the form below and fax it with a voided check attached to:</p> <p>Fax: (888) 398-6002 Attn: Merchant Services</p> | <p>Please complete the form below and mail it to:</p> <p>CardReady 1801 Century Park East Suite 2400 Los Angeles, CA 90067</p> |

REQUIRED INFORMATION

In accordance with the terms set out below, I authorize the following change(s):

| | |
|----------------------|-------------------------|
| DBA NAME OF ACCOUNT | MERCHANT NUMBER (MID#): |
| BANK ROUTING NUMBER: | BANK ACCOUNT NUMBER: |
| BANK NAME: | BANK PHONE NUMBER: |

ATTACH VOIDED CHECK IN THE SPACE BELOW



NOTE: YOUR SIGNATURE IS NEEDED FOR THIS CHANGE

DECLARATION

MERCHANT desires to effect settlement of credits and debits from the CLEARING ACCOUNT by means of ACH and wire transfer in conjunction with the processing of credit card transactions as anticipated by AGREEMENT. In accordance with this desire, MERCHANT authorizes initiation of debit and credit entries to the CLEARING ACCOUNT and DEPOSITORY ACCOUNT (the details of which are set out below.) By signing this authorization, MERCHANT states that he has authority to agree to such transactions and the DEPOSITORY ACCOUNT indicated is a valid and legitimate account for the handling of these transactions. This authority is to remain in effect until written notice is received from MERCHANT withdrawing it. This authorization is for payment of SALES and returns, FEES, CHARGEBACKS, Discount, Processing Fees, rejects and miscellaneous fees. MERCHANT also certifies that the appropriate authorizations are in place to allow MERCHANT to authorize this method of settlement. All changes to the identification of the DEPOSITORY ACCOUNT under this authorization must be made in writing in accordance with AGREEMENT. MERCHANT understands that if the information supplied as to the ABA Routing Number and Account Number of the DEPOSITORY ACCOUNT is incorrect, and funds are incorrectly deposited, every effort will be made to assist MERCHANT in the recovery of such funds but has no liability as to restitution of the same.

X _____ Date _____
Authorized Signature of Merchant Account

Signer's Name (Please Print) Signer's Title