



The Leader in Payment Processing

APRIVA[®]

**Wireless Processing
Merchant Authorization Agreement**

I hereby authorize Equity Commerce, L.P., hereinafter called COMPANY, to process payment for amounts due to the COMPANY from the account described below.

Activation Fee \$ _____
Monthly Access Fee: \$ _____
Per Transaction Fee: \$ _____
Download Fee: \$ _____

For ACH Debit Payments:

Financial Institution Name	City	State
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Transit/Routing Number	Account Number
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For recurring authorization, this authority is to remain in full force and effect until the COMPANY has received written notification from me of its termination in such time and in such manner as to afford the COMPANY a reasonable opportunity to act upon it.

Company Name

Print Name	Title
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Signature	Date
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