

# “Bank Bill Pay” Information for PSN

Please provide the information requested below to assure that we capture as many bank-issued checks as possible. If you have questions, please contact your Service Account Manager.

**Account Number Variables:**

List all possible formats of the customer account number; please include current format, any older formats and any variation that your customers may write the account number.

Example: 1-xxx-xxxxxx-xx or 1xxxxxxxxxxx

**AKA Name Variables:**

List any variation of your business name that customers might write on a check.

Example: Payment Service Network or PSN

**Address Variables:**

List any address a customer may send their payment to; please include physical address, PO boxes, lockbox service, etc.

Example: 2901 International Lane or 2901 International Lane Suite 100 or PO Box 123 Main St

**Remit Address:**

Should a check have to be sent via mail, what address do you want it to go to?

**Current Payment Providers:**

Please include a list of any provider from which you are currently receiving electronic payments—any company you receive notice from that a payment has been made and deposited electronically.

**IMPORTANT…**

Please print page 2 on your company letterhead; complete only biller’s section with authorized signature in the last row.

**Upon completion, fax this form and the letter to 608-442-5116.**

July 29, 2016

MasterCard International Incorporated

2200 MasterCard Boulevard

O’Fallon, MO 63368-7263

Attention: RPPS Business Implementations

Effective immediately, MasterCard is authorized by this letter to initiate ACH debit entries to be issued by the MasterCard Settlement Bank, currently JP Morgan Chase Bank, from time to time against the account noted below. We hereby confirm that all debits associated with such ACH debit entries will be honored and will be final when made, and no entry shall be reversed without written consent of both MasterCard and ourselves. Our signatures below represent that we are authorized to provide these instructions to you and you are authorized to rely on these instructions.

We understand that written notice of revocation of this authorization must be sent to MasterCard International Incorporated.

|  |  |
| --- | --- |
| **ICA Number:** |  |
| **Routing and Transit Number:** |  |
| **Account Number:** |  |
| **Name of Financial Institution:** |  |
| **Address Line #1:** |  |
| **Address Line #2:** |  |
| **City:** |  |
| **State:** |  |
| **ZIP Code:** |  |

Sincerely,

|  |  |
| --- | --- |
| **Biller’s Organization** |  |
| **Biller’s Contact Name:** |  |
| **Biller’s Address #1:** |  |
| **Biller’s Address #2:** |  |
| **City:** |  |
| **State:** |  |
| **ZIP Code:** |  |
| **Biller’s Phone Number:** |  |
| **Biller’s Signature** |  |