



AUTHORIZATION FOR ELECTRONIC FUNDS TRANSFER AND SUBSTITUTE W-9 CERTIFICATION

TRADING PARTNER NAME	
REMIT TO ADDRESS	This should be the remit to address shown on your invoices
Street Address / PO Box:	
City, State, Zip:	
BANKING INFORMATION	This must be a U.S. Domestic Bank to use this form
Name of Bank:	
Street Address / PO Box:	
City, State, Zip:	
Company Name or Individual's Name on Bank Account: (Must read exactly as listed on bank statement)	
Checking or Savings Account? (Please check appropriate box)	Checking Account _____ Savings Account _____
EFT INFORMATION	Obtain this information directly from your bank
Bank ABA/Routing Number for ACH/EFT Payments: (may be different than ABA for checks)	_____ (must be 9-digit number)
Bank Account Number:	
YOUR BANK CONTACT	Person at your bank who we can contact to verify Banking Information
Contact Name / Title:	Name: _____ Title: _____
Contact Phone / Fax:	Phone: () _____ Fax: () _____
IRS form W-9 Requirement Part I	Taxpayer Identification Number (TIN)
Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Trading Partner Name" line to avoid backup withholding. For Individuals, this should be your social security number (SSN)	
Company Tax ID Number: _____ - _____ OR SSN for Individuals: _____ - _____ - _____	
Check the appropriate line for federal tax	___ Individual ___ C Corporation ___ S Corporation ___ P Partnership ___ Trust/Estate
If Limited Liability Company, enter Tax classification	___ Corporation ___ Corporation ___ Partnership ___ N/A
IRS form W-9 Requirement Part II	Certification
Under penalties of perjury, I certify that:	
1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and	
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and	
3. I am a U.S. person.	
AUTHORIZATION AND CERTIFICATION	The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.
Authorized Signature: (Must be Signed)	Signature: _____ Date: _____
Name / Title:	Name: _____ Title: _____
Phone / Fax:	Phone: () _____ Fax: () _____
E-mail:	

A copy of a voided check is recommended to validate your EFT banking information.
Please fax this form along with a copy of a voided check to (610) 989-9695.

Direct Credit Authorization:

You hereby authorize USA Technologies, Inc. and its designated financial agents to initiate credit entries to the account listed above in connection with agreed upon Electronic Data Interchange (EDI) transactions between our companies. You agree that such transactions will be governed by the National Automated Clearing House Association (ACH) rules. This authority is to remain in effect until USA Technologies, Inc. has received written notification of termination in such time and such manner as to afford USA Technologies, Inc. a reasonable opportunity to act on it. You also authorize the Bank listed above to verify your account information as necessary to establish the EFT. IN NO EVENT SHALL USA TECHNOLOGIES, INC. BE LIABLE FOR ANY SPECIAL, INCIDENTAL, EXEMPLARY OR CONSEQUENTIAL DAMAGES AS A RESULT OF THE DAILY, OMISSION OR ERROR OF AN ELECTRONIC CREDIT ENTRY, EVEN IF USA TECHNOLOGIES, INC. HAS BEEN ADVISED OF THE POSSIBILITY OF SUCH DAMAGES. This agreement shall be governed by the laws of the State of Pennsylvania.

Direct Debit Authorization:

You hereby authorize USA Technologies, Inc. and its designated financial agents to initiate an ACH debit (automatic withdrawal) entry to the account listed above for payment of monthly network service fees and other fees agreed to in your License Agreement, and to debit the entry to the company's account (as listed above). This authorization is to remain in full force and effect until USA Technologies, Inc. receives notification from an official or authorized agent of your company of the termination. To revoke this payment authorization, you must contact USA Technologies, Inc. at (610) 989-0340 no later than 2 business days prior to the payment (settlement) date. You also authorize USA Technologies, Inc. and the financial institutions involved in the processing of the electronic payment of fees and charges to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

On the agreed upon day of your weekly EFT payment, your account must have a net balance of \$25.00 or more to receive an EFT, otherwise, all funds roll over into the next weekly EFT pay period and continuing until at which time your account has a net balance of \$25.00 or greater.