



Electronic Payment Processing



Processing Limit Change Form

Complete the information below and provide **two months current bank statements** to complete the Processing Limit Change request.

Merchant Information

Merchant Name/DBA: _____

Merchant ID #: _____

Print Name of Signer: _____

Email Address: _____

Phone Number: _____

Requested Processing Limits

Monthly Volume Amount: \$ _____

Average Ticket Amount: \$ _____

High Ticket Amount: \$ _____

Monthly Transaction Count: _____

Max Checks Per Single DDA: _____ **(Count per Month)**

Remove Duplicate Transaction Filter (Yes/No) _____

I understand that once the **duplicate filter** is removed, actual duplicate transactions will not be detected. Provide an explanation detailing the reason for the Processing Limit Change **(required)**:

I understand that I must submit **two months current bank statements** and a completed Processing Limit Change Form to complete the request.

Authorized Signer Signature

Date

Please submit via email to risk@verichack.net or fax to (404) 665-3465