



Check Management Solutions User ID Request

Organization Name* _____

Mailing Address*

Address 1 _____

Address 2 _____

City _____ State _____ Zip _____

* This organization name and address will be used to pre-fill your organization's information on the forms and letters you generate.

User ID Requested — Primary

Name _____ Title _____

Email Address _____

Phone Number _____

This person will be given administrator capabilities within Check Management Solutions. He/she will have the authority to add or change users assigned to this account, up to the maximum number of subscriptions purchased. If you would like CO-OP Network to set up the additional user IDs for you, please attach the necessary information for each ID request.



Check Management Solutions ACH Billing Authorization

I authorize CO-OP Network to bill the credit union named below for any fees provided for in the Agreement dated _____ between the named Credit Union and ResolverGroup, LLC. I understand that the fee(s) are for an annual term, based on the Effective Date, and will be renewed automatically unless notification of termination is given as described in the Agreement.

Credit Union Name _____

We are a member of CO-OP Network. Please include fee(s) on my next monthly invoice.

Please bill me via ACH using the following information:

Routing and Transit Number _____

Valid Billing DDA Account Number _____

ACH Billing Authorization _____

Signature

Date

Printed Name

Title

Phone

Submit

Please complete and return this form along with the two original Agreements to either address below, depending on the mail service you prefer to use:

U.S. Postal Services
CO-OP Network
Attn: Mary Hessel
P.O. Box 170647
Milwaukee, WI 53217

FEDEX/DHL/UPS
CO-OP Network
Attn: Mary Hessel
3500 Porsche Way, Suite 300
Ontario, CA 91764