

# WE CASH CHECKS PAYABLE TO YOUR COMPANY!

TURN YOUR BUSINESS  
CHECKS INTO CASH  
*...FAST!*

- No need to wait for your checks to clear the bank to get your cash.
- Use cash to purchase supplies and take advantage of discounts.
- Pay your workers in cash when they need it.
- No need to hassle with bank hours.
- 150 convenient locations to serve you – many open 24 hours.
- No matter where your business takes you, there's probably a Pay-O-Matic nearby.



**cash4business**  
**@payomatic.com**  
**888-597-5705**



# IT'S EASY TO GET STARTED!

- Complete the enclosed forms and gather the required documents.
- Email your paperwork to [cash4business@payomatic.com](mailto:cash4business@payomatic.com) or fax it to 646-248-5631.
- You will be contacted by one of our Business Specialists within 24 business hours.
- Once approved, you and your authorized employees can visit any Pay-O-Matic location to cash checks payable to your business.



HAVE QUESTIONS?  
OUR TEAM IS  
HAPPY TO HELP!



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# Business Check Cashing Enrollment Form

Email your paperwork to [cash4business@payomatic.com](mailto:cash4business@payomatic.com) or fax it to 646-248-5631.

**Thank you for your interest in Pay-O-Matic's Business Check Cashing Service.** This service is available for business owners to cash checks made payable to their businesses, including sole proprietorships, corporations, limited liability companies, partnerships or any other type of business entity.

**We need your help.** Before your business can begin realizing the benefits of our Business Check Cashing Service, we need to obtain certain information about you and your business. We are required to obtain this information in accordance with regulations established by the New York State Department of Financial Services and the Federal government, and the information is used for that purpose. Your business information is completely confidential and will not be used for any other purpose.

COMPANY INFORMATION	OWNER INFORMATION
Name:	Name:
DBA:	State ID #:
Company Type (check one): <input type="checkbox"/> Corporation <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> LLC <input type="checkbox"/> Partnership	SSN:
Year Established:	Date of Birth:
Tax ID#:	Title:
Business Type (e.g. construction):	Home Address:
Address:	Apt/Suite #:
Suite #:                      City:	City:
State:                        Zip:	State:                      Zip:
Telephone:	Telephone:
Fax:	Cell Phone:
Reason for Use of Services: <input type="checkbox"/> Payroll <input type="checkbox"/> No Bank Account <input type="checkbox"/> Supplies <input type="checkbox"/> Cash Flow <input type="checkbox"/> Other: _____	Email Address:
Number of Employees:	
Number of Checks Expected Monthly:	
Dollar Amount of Checks Expected Monthly:	

## FOR PAY-O-MATIC USE ONLY

(a) Documents provided (Yes/No) \_\_\_\_\_ (b) Agreement/Resolution signed (Yes/No) \_\_\_\_\_

(c) Company Status DISSOLVED (Yes/No) \_\_\_\_\_ **Notes:** \_\_\_\_\_

**Application Approved by:** \_\_\_\_\_

Print Name

Signature

Date



# Business Check Cashing Agreement

Email your paperwork to  
cash4business@payomatic.com  
or fax it to 646-248-5631.

THIS AGREEMENT, made and executed between The Pay-O-Matic Corp. (hereinafter referred to as "Pay-O-Matic") and the business customer (hereinafter referred to as the "Customer" and "You").

**Business Check Cashing Service (BCCS).** BCCS is a service provided by Pay-O-Matic under which a participating and approved customer ("Customer") may cash checks, drafts and money orders ("Checks") payable to the Customer for an agreed upon fee. Customer agrees to be bound by all the terms and conditions as stated herein.

**Participation Subject to Approval by Pay-O-Matic.** Participation in the BCCS Program is conditioned upon Pay-O-Matic's approval of the Customer's Application. Acceptance of the Customer by Pay-O-Matic does not require Pay-O-Matic to cash each and every Check submitted by the Customer. **Checks will be subject to a verification process.** Pay-O-Matic retains the right to decline to accept any Check at its sole discretion.

**Liability for Returned Items.** Customer shall remain liable to Pay-O-Matic for all returned Checks, plus all bank fees and charges due with regard to any returned Checks. This shall include all returned items, including, but not limited to, Checks returned for insufficient funds, forged endorsements, forged maker signatures, stolen instruments, instruments procured through fraud, remote deposit capture, and all stopped payment items.

**Further Representations by Customer.** Under the terms of this Agreement, you, the Customer, warrant and guarantee that: (a) You have full and accurately completed the BCCS Application Form and that the form contains no material misrepresentations. All Customer information provided, including tax identification number, is accurate. (b) You are not at present insolvent or bankrupt and that there are no intentions to proceed into bankruptcy in the foreseeable future. (c) With respect to all Checks submitted to Pay-O-Matic, you will reimburse Pay-O-Matic within forty-eight hours for any and all returned or dishonored Checks. In the event Pay-O-Matic undertakes collection on any returned items and needs assistance from you, you agree to deliver to Pay-O-Matic within two (2) business days any and all information and documentation needed to collect on the Check. (d) You are unaware of and have no reason to suspect any illegal activities concerning any of the Checks submitted. (e) You hereby agree to indemnify, hold harmless, make payment to Pay-O-Matic and reimburse Pay-O-Matic for any losses, expenses, including reasonable attorney's fees and costs, incurred by Pay-O-Matic in the collection of payment or losses caused by the non-negotiability of any said Check. You further agree to indemnify, hold harmless, and defend Pay-O-Matic in the event of any claims, disputes, controversies or litigation brought by or on behalf of any makers or other third-parties with respect to any Checks cashed by Customer.

**Miscellaneous.** Under the terms of this Agreement, you, the Customer, fully understands that: (a) Applicable Law – This Agreement shall be governed by and interpreted under the laws of the State of New York. (b) Integration and Amendment – This Agreement expresses fully the entire understanding and agreement of the parties concerning the subject matter hereof, and all prior agreements of any kind, oral or written, concerning such subject matter are hereby superceded and cancelled. This Agreement may not be amended or modified other than by a written agreement executed by all parties. (c) Proper Authority – The undersigned represents to Pay-O-Matic that he/she is an authorized representative of the Customer and the Customer is authorized to participate in the BCCS Program. (d) Term and Termination - Either party may terminate this Agreement at any time, however, Customer's liability for returned items and indemnification warranties shall survive such termination. (e) Income Reporting - I fully understand that as a Customer, it is illegal to utilize any services of Pay-O-Matic to avoid any legal obligations, including the Customer's reporting of income to the Internal Revenue Service (IRS) and/or the State of New York, or any other governmental agency or authority.

**I have read and understand all of the above terms and conditions.**

**Company Name:** \_\_\_\_\_ **DBA:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(PRINT) (PRINT)

**Owner Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Signature:** \_\_\_\_\_  
(PRINT) (PRINT)



# Resolution Authorizing Cashing of Business Checks

Email your paperwork to [cash4business@payomatic.com](mailto:cash4business@payomatic.com) or fax it to 646-248-5631.

Please read and check one (1) of the following four business types:

- Company indicated in "PART I" is a **sole proprietorship**. I hereby certify that the following is a full and true Authorization on behalf of the Company.
- Company indicated in "PART I" is a **corporation** organized under the laws of the State of New York. I hereby certify that the following is a full and true copy of a resolution adopted at a meeting of the Directors/Shareholders of said Company.
- Company indicated in "PART I" is a **limited liability company** organized under the laws of the State of New York. I hereby certify that the following is a full and true copy of a Member Resolution adopted at a meeting of the Members of said Company.
- Company indicated in "PART I" is a **partnership (general, LLP or LP)** organized under the laws of the State of New York. I hereby certify that the following is a full and true copy of a resolution adopted at a meeting of the partners of said Company.

The individuals listed below are hereby authorized to cash checks, drafts, and money orders payable to the Company, on behalf of the Company at the various locations owned or operated by The Pay-O-Matic Corp. or any of its affiliated companies (collectively "Pay-O-Matic"), effective immediately, which resolution shall remain in full force until such time as repealed or amended by a superseding certification submitted to Pay-O-Matic.

Complete Name	Address	Phone #	Date of Birth	State ID #	SSN	Title

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*"Liability for Returned Items: Business owner(s) as well as Authorized person(s) will be held liable to Pay-O-Matic for all returned Checks, plus all bank fees, interest and charges due with regard to any returned Checks."*

Complete Name	Address	Phone #	Date of Birth	State ID #	SSN	Title

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*"Liability for Returned Items: Business owner(s) as well as Authorized person(s) will be held liable to Pay-O-Matic for all returned Checks, plus all bank fees, interest and charges due with regard to any returned Checks."*

I further certify that the above resolution/authorization has not been in any way altered, amended, or repealed and is now in full force and effect.

I hereby certify that the foregoing statements made by me are true and is now in full force and effect. I am aware that if any of the foregoing statements made by me are willfully false.

Company Name: \_\_\_\_\_ DBA: \_\_\_\_\_ Date: \_\_\_\_\_  
(PRINT) (PRINT)

Owner Name: \_\_\_\_\_ Title: \_\_\_\_\_ Signature: \_\_\_\_\_  
(PRINT) (PRINT)

