



The Electronic Payments Resource®

2010 NACHA RULES ON SALE

Complete this order form and submit with your payment via fax or mail

Mail: SWACHA, 1999 Bryan St, Suite 3600, Dallas, TX 75201

Questions? Email: publications@swacha.org FAX: (214) 438-4515 PHONE: (800) 475-0585

PRODUCT	ITEM #	QTY	PRICE PER UNIT	TOTAL AMOUNT																								
2010 Rules Books Corporate Version	409-10																											
2010 Rules CD Corporate Version	409CD-10																											
2010 Rules Books Full Version	406-10																											
2010 Rules CD Full Version	406CD-10																											
ACH Rules Book Tabs	690																											
Price is per unit and expires 02/26/2010 Corporate Version: <table border="1"> <thead> <tr> <th>Quantity</th> <th>Member Price</th> <th>Non Member Price</th> </tr> </thead> <tbody> <tr><td>1-9</td><td>\$20.00</td><td>\$39.00</td></tr> <tr><td>10-19</td><td>\$19.00</td><td>\$38.00</td></tr> <tr><td>20-49</td><td>\$18.00</td><td>\$37.00</td></tr> <tr><td>50-99</td><td>\$17.00</td><td>\$36.00</td></tr> <tr><td>100-249</td><td>\$16.00</td><td>\$35.00</td></tr> <tr><td>250+</td><td>\$15.00</td><td>\$34.00</td></tr> <tr><td>Rules Book Tabs</td><td>\$8.00</td><td>\$16.00</td></tr> </tbody> </table>				Quantity	Member Price	Non Member Price	1-9	\$20.00	\$39.00	10-19	\$19.00	\$38.00	20-49	\$18.00	\$37.00	50-99	\$17.00	\$36.00	100-249	\$16.00	\$35.00	250+	\$15.00	\$34.00	Rules Book Tabs	\$8.00	\$16.00	
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PLEASE NOTE: Shipping prices are for the continental U.S. only. All other destinations, please call for a quote. Promotional materials are shipped by weight. Please ask for a quote when ordering.			Shipping & Handling	\$																								
			Subtotal	\$																								
			TX institutions add 8.25% sales tax	\$																								
We will start shipping Mid to Late January 2010																												
Shipping & Handling 1-5 items: \$7.75 6-10 items: \$12.75 11-15 items: \$17.50 16+ and International: Call for a quote																												
			TOTAL	\$																								

Organization Information

FI/Company Name: _____

Contact: _____

Financial Institution ID#: _____

Financial Institution Routing #: _____

Street Address (No P.O. Boxes): _____

City/State/ZIP _____

Phone: _____

FAX: _____

Payment Must Accompany Order (Check Type)

- Initiate An ACH Debit*** (Corporate only, complete ACH authorization)
- SWACHA Bucks(must accompany order) - Amount**
\$ _____
- Credit Card** (If checked, complete Card Authorization)

*ACH Debits are available for Corporate Purchases only. An ACH debit will be processed within 10 days of shipment of product. Please notify your ACH Operations - no other notice will be provided.

CARD AUTHORIZATION	
Credit Card Information:	Visa <input type="checkbox"/> MasterCard <input type="checkbox"/>
Card Number:	_____
Exp. Date:	_____ Card Security Code: _____
Acct Name:	_____
Billing Address:	_____
City/State/ZIP:	_____
Authorized Signature	_____
<i>In the event your payment cannot be processed, you will be assessed a \$20.00 administrative fee.</i>	

ACH CORPORATE DEBIT AUTHORIZATION FORM	
Financial Institution Information	
Institution Name:	_____
Routing/Transit #:	_____
Acct #:	_____
Type of Account:	
Checking <input type="checkbox"/>	Savings <input type="checkbox"/> G/L <input type="checkbox"/>
I/We hereby authorize SWACHA to initiate a debit entry to my/our above referenced account. I/We acknowledge that the origination of ACH transactions to my/our account must comply with the provisions of U.S. Law.	
Authorized Signature	_____