



The Electronic Payments Resource®

SWACHA EARLY BIRD SALE 2010 NACHA RULES

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	408-10			
2010 Rules CD Corporate Version	408CD-10			
2010 Rules Books Full Version	405-10			
2010 Rules CD Full Version	405CD-10			
ACH Rules Book Tabs	644			
Price is per unit and expires 12/31/2009				
Corporate Version:			Shipping & Handling \$	
Quantity	Member Price	Non Member Price	Subtotal \$	
1-9	\$18.00	\$37.00	TX institutions add 8.25% sales tax \$	
10-19	\$17.50	\$36.50		
20-49	\$17.00	\$36.00		
50-99	\$16.00	\$35.00		
100-249	\$14.00	\$33.00		
250+	\$13.00	\$32.00		
Rules Book Tabs	\$8.00	\$16.00		
Full Version:			Shipping & Handling 1-5 items: \$7.75 6-10 items: \$12.75 11-15 items: \$17.50 16+ and International: Call for a quote	
Quantity	Member Price	Non Member Price		
1-9	\$34.00	\$58.00		
10-19	\$33.00	\$57.00		
20-49	\$32.00	\$56.00		
50-99	\$31.00	\$55.00		
100-249	\$29.00	\$54.00		
250+	\$28.00	\$53.00		
Rules Book Tabs	\$8.00	\$16.00	TOTAL \$	

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.

Orders will be shipped Mid to Late January 2010

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 _____