



ACH INCREASE REQUEST FORM

REQUEST TO INCREASE PER TRANSACTION, DAILY AND / OR MONTHLY LIMITS

Please accept this request to increase our maximum per transaction, daily and / or monthly limits. Listed below are the details of our request, along with an explanation of why we need this increase .

REQUESTED INCREASE AMOUNT		
	Deposits (Sales)	Withdraws (Refunds)
Maximum Per Transaction Amount:	Sales: \$ _____	Refunds: \$ _____
Maximum Daily Volume Amount:	Sales: \$ _____	Refunds: \$ _____
Maximum Monthly Volume Amount:	Sales: \$ _____	Refunds: \$ _____

BRIEF EXPLANATION FOR REQUESTED CHANGE

MERCHANT INFORMATION	
Company Name:	
Merchant ID:	
Contact Name:	
Contact Phone:	Contact Email:

AUTHORIZATION	
Signature:	Date:
Print Name:	Title:

****Submission of this form does not guarantee your request will be approved. You will receive confirmation via email to the address on file.**

Upon completion, please attach the most recent two months bank statements for the bank account on file and email to accountchanges@forte.net or fax to 469-675-8740.

Please be advised that additional documentation may be requested; i.e., most recent two years of audited financials or most recent two years of tax returns for the business.