

## Over Transaction Limit Notification

COMPANY INFORMATION	
MERCHANT NAME:	MID:
DATE OF REQUEST:	
TYPE OF TRANSACTION:                      ACH                      CREDIT CARD (Provided by Forte)	
WE HAVE INITIATED A TRANSACTION WHICH IS OVER OUR APPROVED PER TRANSACTION LIMIT. Please check one:      Debit (if your customer is paying you) – provide supporting documentation for the charge, i.e. copy of invoice, bill, agreement, contract. Credit (if you are paying someone) – provide your bank contact for Forte to verify funds.	
\$ _____ Exact amount of transaction	
BANK CONTACT INFORMATION TO VERIFY FUNDS AVAILABLE	
BANK NAME:	
BANK CONTACT:	BANK PHONE:
THIS REQUEST IS SUBMITTED BY	
NAME:	TITLE:
EMAIL:	CONTACT PHONE:
SIGNATURE:	DATE:

**FAX THIS REQUEST TO FORTE BEFORE 2:00 PM CT.**  
**SUBMISSION OF THIS FORM DOES NOT GUARANTEE YOUR REQUEST WILL BE APPROVED.**  
 YOU WILL RECEIVE CONFIRMATION ONCE APPROVED  
**FAX - 469-675-8740**  
**OR**  
**EMAIL - ACCOUNTCHANGES@FORTE.NET**