

**Agency Computer Systems, Inc.. | Quick-E Pay Account Setup Request Form**

Customer Name	
Softech Account Number	
Address	
City, State, Zip Code	
Phone Number	
Owner/Principal's Name	
Financial Institution Name	
ABA/Routing number (9 numbers)	
Checking Account Number	

Fill in the above information. Print and sign this form. Send it along with a voided check to:  
Softech International Inc.  
P.O.Box 164922 Miami, Fl. 33116

**DISCLAIMER**

I, hereby authorize Softech International Inc. to setup my account for ACH so that I may transfer funds to my MVR account upon my request. I acknowledge that I will be held liable for any charges that may occur due to lack of funds or any returned items from my financial institution. I am aware that there will be a transaction fee of \$3.00 for every ACH transaction. Furthermore, I hereby release Softech International Inc. of any errors, omissions or liabilities that may arise due to the process of an ACH transaction.

\_\_\_\_\_  
Signature of Principal                      Title                      Date

\_\_\_\_\_  
Print above Name

