



Payment Processing Volume Survey

Complete and return via email: bsiegel@paysvcs.com or Fax to: 612-746-5324

Corporate Information							
Company Name:							
Contact Name:					Title:		
Address 1:							
Address 2:							
City:					State:		
Zip Code:							
Contact Phone:					Fax:		
Contact E-mail:							
Number of Business Locations:				Annual Revenue:			
General Payment Information							
What payment types do you accept? (Circle)	Checks	Yes / No	Credit Cards	Yes / No	ACH Payments	Yes / No	
	Web	Yes / No	Telephone	Yes / No	Debit	Yes / No	
Check Information							
Check Volume – Number of Checks				<i>Day / Week / Month / Year</i> (Circle One)			
How do you receive checks? (Circle All that Apply)	<i>Point of Sale</i>		<i>Mail</i>		<i>Lockbox</i>		
How do you process check payments today? (Circle) all that apply	<i>Deposit at the bank</i>		<i>Check21</i>	<i>BOC</i>	<i>Mail in Checks</i>	<i>POS</i>	
What check processing system, payment processor, or bank are you using for check processing today?							
Credit Card Information							
Credit Card Transaction Volume				<i>Day / Week / Month / Year</i> (Circle One)			
Credit Card Dollar Volume				<i>Day / Week / Month / Year</i> (Circle One)			
ACH and Other Electronic Payment Information							
ACH Payments Volume				<i>Day / Week / Month / Year</i> (Circle One)			
What types of ACH payments do you currently accept? (Circle all that apply)	<i>ARC</i>	<i>BOC</i>	<i>POS</i>	<i>PPD</i>	<i>RCK</i>	<i>TEL</i>	<i>WEB</i>
What is your biggest concern or issue with your payment process today?							
Is there any other payment information that might be useful to us?							



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