



**Protocol for iCheckGateway Periodic Merchant Review**

1. Section 1 – Business Information
  - a. Fill out the information in section 1.



SECTION 1: Business Information			
LEGAL BUSINESS NAME		DBA NAME (if different)	
FEDERAL TAX ID			
BUSINESS ADDRESS			
CITY		STATE	ZIP
BUSINESS PHONE #	CUSTOMER SERVICE PHONE #	WEBSITE URL	
TYPE OF BUSINESS	DETAILED EXPLANATION OF WHAT PAYMENTS ARE FOR		
TYPE OF OWNERSHIP: Have there been any changes to the Ownership of the Company since your original application with iCheckGateway and/or since your last Merchant Review? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If YES, please explain:</i> _____			
Has the Company, any officer or principal been the subject of an administrative hearing, investigation or law enforcement action by any Department or Agency of the Federal, State or local Government since your original application with iCheckGateway and/or since your last Merchant Review? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If YES, please explain:</i> _____			
REGULATORY COMPLIANCE ACKNOWLEDGMENT: Merchant bears the final responsibility to ensure that the Merchant's policies and procedures meet the requirements of the NACHA Rules and Regulations and PCI DSS. Merchant is encouraged to consult counsel regarding compliance with authorization and payment procedures whenever there is any doubt about compliance.			
→→ MERCHANT INITIALS _____ ←←			

2. Section 2 – Contact Information
  - a. Unless you have a staff for these different tasks, this will all be the location owner's information

SECTION 2: Contact Information	
NAME OF MAIN CONTACT	
BILLING NOTIFICATION EMAIL ADDRESS(ES)	SYSTEM NOTIFICATION EMAIL ADDRESS(ES)



- 3. Section 3 – Payment Processing
  - a. Select Payment Portal

SECTION 3: Indicate all the ways you process payments with iCheckGateway.com	
<input checked="" type="checkbox"/>	PAYMENT PORTAL
<input type="checkbox"/>	INVOICE PORTAL
<input type="checkbox"/>	IVR
<input type="checkbox"/>	QUICKBOOKS PLUGIN/QBO
<input type="checkbox"/>	WOOCOMMERCE PLUGIN
<input type="checkbox"/>	ZENCART PLUGIN
<input type="checkbox"/>	MAGENTO PLUGIN
<input type="checkbox"/>	THIRD PARTY SOFTWARE
	NAME OF THIRD PARTY SOFTWARE: _____
	IP ADDRESS(ES) USED: _____
<input type="checkbox"/>	CUSTOM IN-HOUSE SOFTWARE
	IP ADDRESS(ES) USED: _____
	NAME OF CONTACT PERSON: _____
	EMAIL ADDRESS: _____

- 4. Sign and date the document

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_