Confi-Check Account Verification Enrollment Agreement

(Fax this form to 254-772-4642 to enroll your practice with DOCPAY *Confi-Check*™ Account Verification)

Practice Name: _____ Phone:_____

Practice Address: _____ Fax:_____

_____ Email:_____

_____ Contact:_____

Bank Name: _____

Name on Account: _____

Routing Number: _____

Account Number: _____

I, _____, ("Doctor") authorize **DOCPAY** to provide the ***Confi-Check*** services shown below and to print and deposit pre-authorized checks against my account for ***Confi-Check*** services rendered as follows:

What DOCPAY will do: DOCPAY will provide Doctor with a web site that allows Doctor's practice to perform an account verification on patient bank accounts. "Account verification" will perform several checks to determine the viability of a patient's checking account. These verification checks will include: a) a check against a national database of consumer demand deposit accounts to determine if the patient account is currently open and if there was a positive balance in the account as of the close of the previous banking day, b) a check against a national database containing accounts that have had negative information reported by other merchants. The web site will provide an immediate response as to whether negative information is available on the checking account. DOCPAY will provide a phone number to Doctor that can be given to patients who question the authenticity of any negative information. (Neither DOCPAY nor Doctor is responsible for correction of any negative information. The companies providing the databases handle that by having patient call the number they have been provided).

How you pay us: This service is normally paid for with an automatic monthly draft. At the end of each month, the number of inquiries from Doctor will be calculated. 5 free inquiries are included in the monthly Access Fee and each additional inquiry is billed at the "Additional Inquiries" rate. The first week of each month, DOCPAY will email an invoice, detailing the amount due for inquiries in the prior month. Doctor must contact DOCPAY within 2 business days of invoice receipt if there is a question on the invoice. Otherwise, one week later, DOCPAY will draft the practice account for the total amount that is due. Optionally, the office may choose to pay a year in advance. In that case, a $200 payment is accepted on deposit and the fees are subtracted from that balance as they accumulate.

Account Verification Fees

	Practices already enrolled with DOCPAY Payment Plans	Practices not enrolled with DOCPAY Payment Plans
Enrollment Fee	**FREE**	$24.95
Monthly Access Fee	**$10**	$15
Additional Inquiries (beyond 5)	**$2**	$3
Check one:	☐	☐

Your responsibility: I agree and understand that:

- Doctor is contracting with DOCPAY solely for providing access to these national check databases.
- DOCPAY has no responsibility for the content of the national check databases.
- **A positive response by the Confi-Check DOES NOT GUARANTEE FUNDS. A positive response only indicates that negative information was not found. Checks accepted by doctor on the queried account may or may not have funds available at the time any checks are deposited against the account.**
- Doctor & Doctor's staff will give to patients only the contact information for the national check database customer support. At no time will Doctor or Doctor's staff provide to the Patient information for contacting DOCPAY directly.

_____ _____

Authorized Signer for Referenced Account Date

Please attach a voided check to your application.