

Cabe & Cato, Inc Settlement Distribution Form

Fax or mail to Customer Support, Columbus Data Services, 5220 Spring Valley Road, Suite 300
Dallas, TX 75287 **Phone:** (214)242-0650 **Fax:** (214-276-1763)

ISO Participant: Cabe & Cato Merchant ID: _____

New Set-Up: _____ Terminal ID: _____ Change: _____

Location DBA: _____

Address: _____

Phone: _____

Mail Reports To: _____

Cash Replenishment Settlement Information:

(only one destination)

(office only)

Customer Name	Routing #	Account #	Sav/Chek	Merchant ID
			C	

Surcharge Settlement Information: *One option must be selected*

_____ Monthly Payment _____ Daily Payment (This is default if nothing checked)

(only one destination)

(office only)

Customer Name	Routing #	Account #	\$/%	Sav/Chek	Merchant ID
Cabe & Cato			\$0.10	C	

Reg E

(office only)

Customer Name	Routing #	Account #	\$/%	Sav/Chek	Merchant ID

(*) NOTE: All new accounts must have a signed ACH Authorization Form submitted with the installation form along with the appropriate copies of pre-printed checks and/or bank letters or the ACH will not be settled.

Signature: _____ Date: _____ SD 12/20/02