



EVO Accelerated Funding Program Addendum

All Merchants requesting accelerated funding must complete this addendum (the "Addendum"). If approved for the EVO Accelerated Funding Program, this Addendum will supplement and become part of the terms and conditions contained in the Merchant Processing Agreement dated _____, all of which are incorporated by reference herein.

This Addendum must be completed and submitted to CustomerSupport@EVOPayments.com and/or faxed to (516) 750-0253. Merchant understands and agrees that enrollment in the EVO Accelerated Funding Program is subject to EVO's approval and EVO reserves the right, in its sole and absolute discretion, to approve or decline any Merchant requesting accelerated funding.

Merchant Account Information

Merchant Name		Merchant NO.
Contact	Phone	Fax
Merchant Address	City	State and Zip
Merchant Email Address <i>(Required)</i>		

Please Check One:

Enrolment Cancellation

EVO Accelerated Funding Program Fee Schedule

AFP Monthly Fee* \$ _____ (per month)

**Upon being approved for the EVO Accelerated Funding Program Merchant agrees to pay the fee indicated above which will appear on your monthly EVO bill. Program may be cancelled at any time.*

Merchant print name <i>(Must be signer of original merchant application)</i>	Merchant signature	Date
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