

**Dear Customer:**

We regret that we are unable to authorize acceptance of your check. Secure Payment Systems uses multiple nationwide databases of check transaction information to assist subscribing merchants with check acceptance procedures or electronic funds transfers. Our subscriber has been asked to convey our coded response to you, and these include:

- Code 1** - Either (a) unpaid returned check data is present or  
(b) during this transaction funds were verified as being unable to clear or  
(c) during a previous transaction funds were verified as being unable to clear, and this transaction cannot be verified with your financial institution

**Code 2** - The current transaction, either by itself or together with other recent check activity, represents a sum or frequency that exceeds our guidelines for check acceptance.

The consumer reporting agency itself did not make the decision to take the adverse action and is unable to provide the specific reason why the adverse action was taken. However, to request specific transaction data, and/or the name, address, and telephone number of the consumer reporting agency that furnished the information / report to us that the merchant relied upon, please fax this form to us or call us on our toll-free number listed below. Secure Payment Systems commits to assisting you quickly and efficiently.

**SECURE payment systems** P.O. Box 261149, San Diego, CA 92196-1149 (p) 888-313-7842 (f) 858-549-1323

Please note that you have the right under section 612 [§ 1681j] of the Fair Credit Reporting Act] to (a) to obtain a free copy of a consumer report for up to 60 days after an adverse action and (b) to dispute, under section 611 [§ 1681i], with a consumer reporting agency the accuracy or completeness of any information in a consumer report furnished by that agency.

I request that Secure Payment Systems disclose my file information to me and also consent to the possible monitoring of my phone call without further disclosure so that information obtained may be used for employee training and quality improvement practices.

**Last Name / First Name** \_\_\_\_\_

**Driver's License # / State** \_\_\_\_\_ **Area Code / Phone #** \_\_\_\_\_

**Bank Routing #** \_\_\_\_\_ **Bank Account #** \_\_\_\_\_ **Check #** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_