



Over Transaction Limit Notification

COMPANY INFORMATION	
MERCHANT NAME:	MID:
DATE OF REQUEST:	
TYPE OF TRANSACTION: ACH CREDIT CARD (Provided by Forte)	
We have initiated a (please check one) DEBIT or CREDIT in the amount of \$ _____	
which is over our approved Per Transaction Limit.	
BANK CONTACT INFORMATION TO VERIFY FUNDS AVAILABLE	
BANK NAME:	
BANK CONTACT:	BANK PHONE:
THIS REQUEST IS SUBMITTED BY	
NAME:	TITLE:
CONTACT PHONE:	EMAIL:
SIGNATURE:	DATE:

FAX THIS REQUEST TO FORTE BEFORE 2:00 PM CT.
SUBMISSION OF THIS FORM DOES NOT GUARANTEE YOUR REQUEST WILL BE APPROVED.
YOU WILL RECEIVE CONFIRMATION ONCE APPROVED
FAX - 469-675-8740
OR
EMAIL - ACCOUNTCHANGES@FORTE.NET

PROVIDE THE PROOF OF AUTHORIZATION FOR CORRESPONDING DEBIT TRANSACTION.