



# CHURCH ENROLLMENT AGREEMENT



This is a Non-Profit Enrollment Agreement between \* \_\_\_\_\_ of \_\_\_\_\_ (City/State/ZIP) and LPi. It signifies that LPi, with WeShare, is acting as the Merchant of Record on behalf of the Non-Profit Organization.

LPi and Non-Profit further agree that: LPi is acting on Non-Profit's behalf as it's agent; LPi takes complete financial responsibility for all funds from the moment a transaction is initiated until Non-Profit receives the transmitted funds; Non-Profit will deem received any funds received by LPi on its behalf such that there is no risk of loss to a person initiating a transaction via WeShare; LPi will facilitate no transaction for Non-Profit other than via WeShare; and LPi will inform any person initiating a transaction via WeShare that LPi is acting on Non-Profit's behalf. LPi may change this agreement upon written notice to the Organization.

LPi, its parents, affiliates, subsidiaries, and assigns, shall indemnify, defend, and hold harmless Organization, its affiliates, parents, agents, employees, representatives, and assigns from and against any and all claims, demands, causes of action, suits, costs, attorney's fees, and damages arising from or related to LPi's handling of funds and/or confidential, private, personal, or financial information in connection with LPi's performance of the services set forth in the Agreement. LPi is responsible for storing and transmitting cardholder data within applications owned by WeShare in a manner consistent with the PCI DSS.

American Express. Under this agreement, Sponsored Merchant agrees that if it accepts American Express cards, then Sponsored Merchant is bound by the American Express Merchant Operation Regulations (available at: [www.americanexpress.com/merchantopguide](http://www.americanexpress.com/merchantopguide)) and the American Express Terms, available at: [www.4lpi.com/legal/americanexpress/terms](http://www.4lpi.com/legal/americanexpress/terms)

CHURCH INFORMATION	
Organization Name*	
Physical U.S. Address*	
City/State/ZIP*	
Custom Descriptor for Financial Statements	LP* <span style="float: right;">Maximum of 21 characters</span>
WeShare Administrator	

Please provide a copy of your organization's Federal W-9 Form, signed and dated. A W-9 Form is required prior to WeShare enrollment.  COPY ATTACHED

PASTOR INFORMATION	
Name	
Home Address	
Pastor Signature*	X <span style="float: right;">Date</span>

MERCHANT INFORMATION	
Organization Name	LPi
Authorizing Signature	X <span style="float: right;">Date</span>

The schedule of fees is listed below. Included within these fees: our customized training program, and administration support.

ITEM	SCHEDULE OF FEES
Monthly Fee	\$29
ACH Transaction Fee	0.75% + \$0.15 per ACH Transaction
Credit Card Transactions	3.25% + \$0.15 per Credit Card Transaction
Credit Card Chargebacks / Returns	\$5 / Transaction Request
ACH Stop Payment / Insufficient Funds	\$4 / Transaction Request/Denial

### FAX AGREEMENT, SIGNED W-9 FORM, DIRECT DEPOSIT FORM, AND A COPY OF A VOIDED CHECK TO LPi, 262-785-5992

On behalf of LPi, thank you for your business! Your WeShare Engagement Manager will contact you to complete the set-up process and will provide you with additional information and customer support. The initial term of this agreement is one year from the date of execution. After initial term is satisfied, rates are subject to review and the Organization may cancel agreement with a 30-day written notice.

BDM: \_\_\_\_\_ Customer ID#: \_\_\_\_\_

Questions? Contact us at [WeShare@4LPi.com](mailto:WeShare@4LPi.com) • [www.4LPi.com](http://www.4LPi.com)

UPDATED 04/15/2020

\*Indicates required information



# DIRECT DEPOSIT AUTHORIZATION FORM



Today's Date: \_\_\_\_\_

[ORGANIZATION]\* \_\_\_\_\_ hereby authorizes LPi, hereinafter called Company and the depository financial institution named below, hereinafter called Depository, to initiate electronic credit/debit entries, and if necessary, process any adjustments needed to correct entries made in error, to account listed below. [ORGANIZATION]\* \_\_\_\_\_ acknowledges that the organization of ACH transactions to its account must comply with the provisions of US law. Deposits cannot be applied to savings or money market accounts due to regulatory requirements.

## PRIMARY ACCOUNT TO BE USED FOR DEBIT OF FEES AND/OR PROCESSING CHARGES:

Financial Institution Name:\* [only U.S. checking accounts] \_\_\_\_\_

Street Address: \_\_\_\_\_ Routing Number:\* \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Account Number:\* \_\_\_\_\_

Nickname Preferred for Account: \_\_\_\_\_

## ADDITIONAL ACCOUNTS:

Financial Institution Name:\* [only U.S. checking accounts] \_\_\_\_\_

Street Address: \_\_\_\_\_ Routing Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Account Number: \_\_\_\_\_

Nickname Preferred for Account: \_\_\_\_\_

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Financial Institution Name:\* [only U.S. checking accounts] \_\_\_\_\_

Street Address: \_\_\_\_\_ Routing Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Account Number: \_\_\_\_\_

Nickname Preferred for Account: \_\_\_\_\_

This authority is to remain in full force and effect until **Company** has received written authorization from [ORGANIZATION] \_\_\_\_\_ of its termination in such time and manner as to afford **Company** and **Depository** a reasonable opportunity to act on it.

FINANCIAL CONTROL INDIVIDUAL (REQUIRED)			
Name*		Job Title	Date of Birth*
Physical Address*			SSN*
Authorized Signature*	X		Date

I, \_\_\_\_\_ [NAME OF PERSON OPENING WESHARE ACCOUNT]\*, hereby certify, to the best of my knowledge, that the information provided above is complete and correct. My organization is a charitable, tax-exempt, non-profit organization, and has no beneficial ownership. If my organization has an ownership structure, I will need to fill out a separate form as required by FinCEN, ask your LPi Business Development Manager for details.

**\* Note: It is the responsibility of the organization to alert LPi of ALL staff changes, to protect secured login credentials.**

### COMPLETE THIS FORM AND RETURN IT WITH A VOIDED CHECK FOR EACH CHECKING ACCOUNT ABOVE TO LPi

Fax: (262) 785-5992  
c/o Finance Department

Mail: LPi, c/o Finance Department  
2875 S James Drive, New Berlin, WI 53151

Secure File Sharing: Contact your Business  
Development Manager for info