



Payment Processing Volume Survey

Complete and Return Via Email to: info@zamcopaymentservices.com

Corporate Information						
Company Name:						
Contact Name:		Title:				
Address 1:						
Address 2:						
City:		State:				
Zip Code:						
Contact Phone:		Fax:				
Contact E-mail:						
Number of Business Locations:		Bank Name:				
Bank Contact Name:		Bank Phone:				
General Payment Information						
What payment types do you accept? (Circle)	Checks/POS	Yes / No	eCheck/Web	Yes / No	Back Office	Yes / No
	Lockbox	Yes / No	Credit Cards	Yes / No	Debit Cards	Yes / No
Check Information						
Check Volume – Number of Checks			Day / Week / Month / Year (Circle One)			
What is the average \$ value (face value) of the checks you accept? Or provide a range	Average:		Smallest Check:		Largest Check:	
How do you receive paper checks? (Circle All that Apply)	Point of Sale	Mail		Lockbox		
How do you process check payments today? (Circle all that apply)	Deposit at The Bank	Check21	BOC	Mail in Checks	POS	
What check processing system, payment processor, or bank are you using for check processing today?						
How many returned items do you have today?			Day / Week / Month / Year (Circle One)			
How do you handle collections on returned items today?						
Other Payment Information						
What is your biggest concern or issue with your current payment process?						
What benefits / features are important with your new solution?						

