



PAYMENT SYSTEMS AWARDS NOMINATION FORM

DEADLINE FOR SUBMISSIONS: APRIL 15 OF EACH CALENDAR YEAR

I would like to nominate the individual or organization indicated below for:

EPCOR Marquis Award

Presented annually to individuals or organizations that have demonstrated leadership in the implementation, advancement or awareness of ACH payments; or have exhibited long-standing support and contributions to the EPCOR mission.

David P. DeMarea Payments Innovation Award

Presented to an individual or organization that has implemented innovative payments or risk management solutions.

Nomination:

Nominee's Name:
Title:
Organization:
Address:
City, State, Zip:
Telephone Number:
Fax Number:
Email Address:

Submitter's Name:
Title:
Organization:
Address:
City, State, Zip:
Telephone Number:
Fax Number:
Email Address:

1. Description of program, project, practice, procedure or innovative payments/risk management solution:

2. Statement that demonstrates one of the following:

- a. Leadership in the implementation, advancement or expanded awareness/utilization of ACH payments (Marquis Award)
b. Long-standing support and contributions to the EPCOR mission (Marquis Award)
c. Implementation of innovative payments or risk management solutions (Payments Innovation Award)

3. Benefits to the organization or customers:



PAYMENT SYSTEMS AWARDS NOMINATION FORM CONT.

Include the following information as applicable:

4. Supporting statistics e.g. increased ACH volume from XX to XXX in 12 months:

5. Survey results and/or customer feedback:

6. Applicability to other payment systems participants:

7. Lessons learned:

8. Other relevant information:

By submitting this information, I understand and agree that all submissions become the property of EPCOR. EPCOR may edit and publish the material on its Web site and in other EPCOR publications, newsletters or incorporate into training.

Signature

Date

SUBMIT