



Client ACH Authorization Form

Company Information

Client ID (if applicable): _____
Legal Business Name: _____
Trade Name: _____
Type of Business: _____
Tax ID/EIN #: _____
Registered State: _____ State ID #: _____
Business Address Line 1: _____
Business Address Line 2: _____
Business Address City: _____
Business Address State: _____ Zip Code: _____
Mailing Address same as Business Address?: Yes No
Mailing Address Line 1: _____
Mailing Address Line 2: _____
Mailing Address City: _____
Mailing Address State: _____ Zip Code: _____
Listed Phone #: _____
Website: _____
Owner/Principal Name 1: _____
Owner/Principal Title + % 1: _____
Owner/Principal Name 2: _____
Owner/Principal Title + % 2: _____
Owner/Principal Name 3: _____
Owner/Principal Title + % 3: _____
Password: _____

Funding & Timing Options

Authorized Signature

By signing this Client Authorization Form, authorization is hereby granted to: _____ and National Payment Corporation (NatPay) to process automatic credit and debit entries, or to correct inadvertent duplicate and/or erroneous credit/debit information associated with the Authorized Account specified on this form.

I acknowledge that: _____ shall utilize the services provided by NatPay for the purpose of transferring funds through the Automated Clearing House (ACH) in accordance to the rules of the National Automated Clearing House Association (NACHA), the laws of the State of Florida, and all applicable federal rules and regulations for various purposes that include, but are not limited to: direct deposit distribution of the Company's employee payroll funds, flexible benefits plans, taxes, child support, or any other applicable reason that the Company may desire to transfer funds electronically through the ACH system. All applicable transfers of funds shall also be in accordance with the Service Agreement signed by the Professional Payroll Processor (PPP) specified on this form. The term of this Agreement shall be for one year, and is subject for review and acceptance each year thereafter. Any of the applicable parties may terminate this Agreement at any time upon written notice to the other applicable parties. This signed Client Authorization Form may be considered as an application for credit, and therefore authorizes the PPP specified on this form and NatPay to investigate the credit of the Company specified on this form and its principals. Credit checks involve checking with vendors, references, and a Company's bank to verify status, history, and other applicable credit information.

Company Manager Name (Please print.)

Company Manager Signature

Transmission Reports

Email Address 1: _____
Email Address 2: _____
Report Type: HTML PDF Encrypted PDF:
Encrypted PDF Password: _____

PPP Information

PPP Name: _____
PPP Account #: _____
Fees Charged To: PPP Client
Pennies Challenge Waived: Yes No (if applicable)
In-Person Contact Made with Client: Yes No
Live Processing Date: _____

Business Account for ACH Transactions

Bank Name: _____
Routing/Transit #: _____
Business Account #: _____
Account Type (Include copy of voided check.): Checking Savings

Business Account for Tax Payments (if applicable)

Business Account Above Business Account Below:
Bank Name: _____
Routing/Transit #: _____
Business Account #: _____
Account Type (Include copy of voided check.): Checking Savings

Company Manager Title

Date

031417A