



## 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: \_\_\_\_\_  
Owner/Principal Title: \_\_\_\_\_  
Password: \_\_\_\_\_

### Transmission Reports

Email Address 1: \_\_\_\_\_  
Email Address 2: \_\_\_\_\_  
Report Type:  HTML  PDF  Encrypted PDF:  
Encrypted PDF Password: \_\_\_\_\_

### 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

### Funding & Timing Options

#### 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

#### Business Account for ACH Transactions / Fees

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

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