



Company ACH Authorization Form

Please note that fields marked with an * are required fields.

Company Information

Client ID (if applicable): _____
*Legal Business Name: _____
Trade Name: _____
*Type of Business: _____
*Tax ID/EIN #: _____
Registered State: _____ State ID #: _____
*Physical Address Line 1: _____
*Physical Address Line 2: _____
*Physical Address City: _____
*Physical 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: _____
Password: _____

Transmission Reports

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

Authorized Signature

By signing this Company 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, to and from the Authorized Account specified above on this form; and it is acknowledged that the Authorized Account is a commercial account and not a consumer account (as defined in the Automated Clearing House (ACH) Rules. The Company has contracted with _____ (Professional Payroll Processor or PPP) to provide payroll and/or payroll related services and has received and reviewed a copy of that contract. The Company acknowledges that the PPP has contracted to utilize the services provided by NatPay for the purpose of transferring funds electronically through the Automated Clearing House (ACH), in accordance to the rules of the National Automated Clearing House Association (NACHA) and all other applicable state and 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 reason that the Company may desire to transfer funds electronically through the ACH system. The Company further acknowledges (or understands) that (i) all transfers of funds through NatPay will be made in accordance with the Service Agreement between the PPP and NatPay; (ii) all ACH entries will be solely based on the data received by NatPay from the PPP and strictly in accordance with its instructions; (iii) NatPay has no responsibility or ability to determine that the PPP, receiving bank or other payee computes or distributes funds accurately or as expected and (iv) that the Company's agreement with the PPP provides that it will indemnify NatPay against all claims or damages resulting directly or indirectly from insufficient funds, fraud or misapplication of funds of the Company, except to the extent any misapplication of funds is directly caused by the negligence of NatPay. This Authorization will continue in effect until terminated by the Company or not less than three (3) days prior written notice to NatPay at csr@natpay.com or until the earlier termination of the Service Agreement with the PPP. This signed Company Authorization Form may be considered as an application for credit, and therefore authorizes the PPP and NatPay to investigate the credit of the Company specified on this form and its principals. Credit checks involve checking with vendors, references, various data services, and a Company's banks to verify status, history, and other applicable credit information.

Authorized Signor Name (Please print.)

Authorized Signor Title

Authorized Signor Signature

Date

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PPP Information

*PPP Name: _____
*PPP Account #: _____
Fees Charged To: PPP Client
Live Processing Date: _____
*Client is known to me: Yes No

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

Business Name _____



Beneficial Owner(s) Addendum

To help the government fight financial crime, Federal regulation requires financial institutions to obtain, verify, and record information about the beneficial owners of legal entity customers. Legal entities can be abused to disguise involvement in terrorist financing, money laundering, tax evasion, fraud, corruption, and other financial crimes. Requiring the disclosure of key individuals who own or control a legal entity (ex. Beneficial Owners) helps law enforcement investigate and prosecute these crimes.

Section 1: Type of Business

Please select any that apply. If any are selected below, please proceed to Section 4 after completing this section.

- | | |
|--|---|
| <input type="checkbox"/> Business is a Publicly-Traded Company | <input type="checkbox"/> Business files reports with SEC |
| <input type="checkbox"/> Business is a Bank or Credit Union | <input type="checkbox"/> Business is a Security Broker |
| <input type="checkbox"/> Business is a tax-exempt entity | <input type="checkbox"/> Business is an Insurance Company |
| <input type="checkbox"/> Business is a Public Utility | <input type="checkbox"/> Business is an Accounting Firm |
| <input type="checkbox"/> Business is a Large Operating Company * | |

* Large Operating Company is defined as an entity that has (1) 20 or more full-time employees, (2) operating presence with a physical office in the United States, and (3) has filed a federal income tax or information return in the United States for the previous year demonstrating more than \$5 million in gross receipts or sales.

Section 2: List of Beneficial Owners Holding 25% or More Ownership of Legal Entity

(1) Each individual, if any, directly or indirectly owning, 25% or more of the legal entity customer (ex. each natural person owning 25% or more of the shares of the corporation); and (2) An individual with significant managing responsibility of the legal entity customer (ex. CEO, CFO, COO, Managing Member, President, etc.)

The number of individuals that satisfy this definition of Beneficial Owner may vary. Under Section 2, depending on the factual circumstances, up to four individuals may need to be identified below. Regardless of the number of individuals identified under Section 2, you must provide the identifying information of one individual under Section 3. It is possible that in some situations the same individual may be identified under both sections (ex. President of Joe's Shoes, who also holds a 50% equity interest.) The completed form will contain the identifying information of at least one individual under Section 3, and up to five individuals (ex. four 25% equity owners) under Section 2.

Beneficial Owner Name 1: _____	Beneficial Owner Name 3: _____
Beneficial Owner % of Ownership 1: _____	Beneficial Owner % of Ownership 3: _____
Beneficial Owner Date of Birth 1: _____	Beneficial Owner Date of Birth 3: _____
Beneficial Owner Residence Address 1: _____	Beneficial Owner Residence Address 3: _____

Beneficial Owner Name 2: _____	Beneficial Owner Name 4: _____
Beneficial Owner % of Ownership 2: _____	Beneficial Owner % of Ownership 4: _____
Beneficial Owner Date of Birth 2: _____	Beneficial Owner Date of Birth 4: _____
Beneficial Owner Residence Address 2: _____	Beneficial Owner Residence Address 4: _____

Section 3: Individual with Significant Managing Responsibility of Legal Entity

Name: _____ Title: _____ Date of Birth: _____
 % of Ownership: _____ Address: _____

Section 4: Signature

By signing this Addendum, I attest that I have accurately provided the name, address, and date of birth for the individuals listed above, and that I am signing as a principal.

Name: _____ Signature: _____ Title: _____ Date: _____

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