



## Company 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 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](mailto: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

102419A

### 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