



Federal / State Tax Liabilities or Payroll Service Fees Authorization Agreement

Please complete sections one through three of this agreement, and either fax it to: 813-221-8651, or email it to: csr@natpay.com along with the voided blank check (non-starter), and a copy of an official document verifying your tax identification number (TIN). (For example: Tax Return [must be signed by preparer]; quarterly payroll form; IRS TIN [SS-4 form] or 501(c)3 letter.)

1 – Company Information

Complete all company information.

Legal Business Name

Trade Name

Type of Business

Tax ID

Address

City

State

Zip Code

Phone Number

Fax Number

2 – Bank Account Information

Please attach a VOIDED blank check from this account.

Bank Name

Contact Name

Address

City

State

Zip Code

Phone Number

Fax Number

Account Type: _____ Checking _____ Savings

Routing/Transit Number

Account Number



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3 – Authorized Signatures

By signing this agreement and initialing each page, authorization is hereby granted to National Payment Corporation (NatPay) to process automatic credit and debit entries, and correct inadvertent duplicate and/or erroneous credit/debit information to the account specified in section two of this agreement for the purpose of transferring funds for federal and/or state tax liabilities and/or payroll service fees. All applicable transfers of funds shall be made through the Automated Clearing House (ACH), and comply with the National Automated Clearing House Association (NACHA) rules and procedures, laws of Florida, and all applicable federal rules and regulations. This agreement shall be in effect until NatPay receives written notification regarding termination of this agreement. No modification of this agreement shall be binding on either NatPay or the company specified in section one of this agreement unless such modifications are in writing and signed by an authorized representative of both parties. Signing this agreement also authorizes the financial institution specified in section two of this agreement to confirm with an agent of NatPay that this account is in good standing, and matches all the information provided in this agreement.

Authorized Company Signature

Print Name

Date

Authorized NatPay Signature

Print Name

Date

! In order for this agreement to be processed and approved by NatPay and its financial institutions, please send this entire agreement along with all other tax identification documents, voided check ● (non-starter), etc. to NatPay via fax: 813-221-8651, or email: csr@natpay.com.