



## **Federal / State Tax Liabilities or Payroll Service Fees Authorization Agreement**

Complete sections one through three of this agreement, and either fax it to: 813-221-8651, or email it to: [csr@natpay.com](mailto:csr@natpay.com) along with the voided blank check (non-starter), and a copy of an official document verifying your Taxpayer Identification Number (TIN) or (EIN). *For example: Tax Return or 941 form [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.

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**Legal Business Name**

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**Trade Name**

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**Type of Business**

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**Taxpayer Identification Number (TIN) or (EIN)**

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**Address**

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**City**

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**State**

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**Zip Code**

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**Phone Number**

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**Fax Number**

### **2 – Bank Account Information**

Please attach a VOIDED blank check from this account.

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**Bank Name**

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**Contact Name**

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**Address**

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**City**

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**State**

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**Zip Code**

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**Phone Number**

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**Fax Number**

**Account Type:**  Checking  Savings

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**Routing/Transit Number**

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**Account Number**

## Federal / State Tax Liabilities or Payroll Service Fees Authorization Agreement

### 3 – Authorized Signature

By signing this agreement, authorization is hereby granted to:

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**PPP Name**

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**PPP Account Number**

and National Payment Corporation (NatPay) to process and/or impound 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 any party specified in this agreement unless such modifications are in writing and signed by authorized representatives.

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.

All applicable transfers of funds shall also be in accordance with the Service Agreements signed by the Professional Payroll Processor (PPP) and the company named in this document.

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**Company Name**

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**Company Manager Name (Please print.)**

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**Company Manager Title**

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**Company Manager Signature**

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**Date**

**!** In order for this Authorization Agreement to be processed and approved by NatPay and its financial institutions, please fax or email this entire Authorization Agreement along with all other Taxpayer Identification Number (TIN) or (EIN) documents, voided (non-starter) check(s), etc. to NatPay at: 813-221-8651 or: [csr@natpay.com](mailto:csr@natpay.com).