



Client ACH Authorization Form

Company Information

Legal Business Name: _____
Trade Name: _____
Type of Business: _____
Tax ID #: _____
Address Line 1: _____
Address Line 2: _____
City: _____
State: _____
Zip Code: _____
Main Phone #: _____
Main Fax #: _____
Website: _____
Contact Name: _____
Contact Title: _____
Contact Phone #: _____
Contact Email Address: _____
Password: _____

Funding & Timing Options

Funding: 4-Day 3-Day Wire Pre-Fund
Frequency: Weekly Bi-Weekly
Day: Mon. Tue. Wed. Thurs. Fri.
 Twice a Month On _____ and _____
 Monthly On: _____
Create Calendar: Yes No

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 Title

Company Manager Signature

Date

! Please return this form, along with all other applicable documentation to NatPay either by fax: 813-221-8651, or by email: ddapps@natpay.com, or by US Postal Service to the address shown below.

CFS Tax Software – 110614A

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

Authorized Account for ACH Transactions / Fees

Bank Name: _____
Routing/Transit #: _____
Account #: _____
Account Type: Checking Savings

Authorized Account for Tax Payments (if applicable)

Authorized Account Above Authorized Account Below:
Bank Name: _____
Routing/Transit #: _____
Account #: _____
Account Type: Checking Savings