



## Client 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: \_\_\_\_\_

### Transmission Reports

Email Address 1: \_\_\_\_\_  
Email Address 2: \_\_\_\_\_  
Report Type:  HTML  PDF  Encrypted PDF:  
Encrypted PDF Password: \_\_\_\_\_

### 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, email: ddapps@natpay.com, or by US Postal Service to the address shown below.**

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