DDPLUS

CLIENT ACH AUTHORIZATION FORM

-THIS FORM MUST BE ENTIRELY FILLED OUT IN ORDER TO USE DIRECT DEPOSIT-

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 _____ **or** No_____

If "no" please fill in mailing address below:

Mailing Address Line 1: _____

Mailing Address Line 2: _____

Mailing Address City: _____

Mailing Address State: _____ Zip Code:_____

Listed Phone #: _____

Website: _____

Owner/Principal Name 1: _____

Title : _____ and _____% owned

Owner/Principal Name 2: _____

Title : _____ and _____% owned

Owner/Principal Name 3: _____

Title : _____ and _____% owned

PPP Information

X-ACT WILL FILL IN

PPP Name: **X-Act Computer Service Inc**.

PPP Account #: ___ ___ ___ ___ ___ 6 7 1

Fees Charged To: __x__ *PPP* ___ *Client*

In-Person Contact Made with Client: ___ *Yes* ___ *No*

Live Processing Date: _____

Business Account for ACH (DIRECT DEPOSIT) Transactions

Bank Name:

_____

Routing/Transit #:

_____

Business Account #:

_____

Account Type: Checking _____ **or** Savings_____

Business Account for Tax Payments *(if applicable)*

_____Business Account Above   _____Business Account Below

Bank Name:

_____

Routing/Transit #:

_____

Business Account #:

_____

Account Type: Checking _____ **or** Savings_____

AUTHORIZED SIGNATURE

By signing this Client Authorization Form, authorization is hereby granted to: **X-ACT COMPUTER SERVICE INC**. 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: _____ *(your company name)* 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 MANAGERS NAME(PLEASE PRINT)

_____
COMPANY MANAGERS TITLE

_____
COMPANY MANAGERS SIGNATURE

_____
DATE