



## Electronic Billing/ ACH Client Agreement to Debit and Credit

### Company Name

Client agrees to one of the debit methods listed below for collection of (1) payroll tax obligations related to Absolute Payroll's (APS's) tax filing services, (2) payroll obligations related to APS's Absolute Pay FSDD and / or APS check services, (3) business tax deposit obligations related to APS's Electronic Business Tax Services, and/ or (4) the applicable fees for APS's services. (5) insurance premium collections if applicable. Such debits will be initiated by Absolute Payroll (APS) out of clients applicable account specified below (the "DDA Account") at the financial institution specified below ("BANK").

This notification is executed in favor of Iberia Bank. Payroll Employer has engaged Absolute Pay Trust (the "Company") to provide it with payroll processing services. The company in turn maintains accounts at the bank for purpose of providing payroll processing services to Payroll Employer, whereby payroll payments are made to Payroll Employers' employees (the "Receivers"). In the performance of the services required by the agreement for Electronic Payments existing between the Bank and the Company, Bank shall be entitled to rely solely on the information, representations and warranties provided by Company pursuant to the Agreement for Electronic Payments, and Bank shall not be liable or responsible to Payroll Employer for any of the Company's (or the Company's employees, agents or representatives) acts, misrepresentations, misuses or omissions whatsoever (including without limitation any theft, embezzlement, misapplication or misappropriation of funds, or the amount, accuracy, timeliness of transmittal or authorization of any Entry received from Company) or those of any other person, including without limitation any Federal Reserve Financial Institution, Automated Clearing House or transmission or communications facility, any Receiver or Receiving Depository Financial Institution (including without limitation the return of an Entry by such Receiver or Receiving Depository Financial Institution), and no such person shall be deemed Banks agent.

You agree that the terms and conditions of this Agreement may be amended by us from time to time upon notice to you. Your continued use of the Services evidences your agreement to any amendment.

**Debit Method (check applicable box):** Note: (ACH method will be used to collect service fees).

☒ ACH or Pre Authorized Draft: Bank is authorized to charge the DDA Account in accordance with standard ACH provisions. Note: Client electing ACH or Pre-Authorization Draft may be contacted by an APS representative to make arrangements for a wire transfer of funds for impounds exceeding the established dollar limit for processing by ACH or Pre-Authorized Draft. Such dollar limits shall be determined by APS in its sole discretion.

### Authorized Transactions:

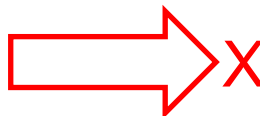
☒ Payroll Taxes ☒ Fees for Services ☒ Wages ☒ Direct Deposit ☒ Insurance Premiums ☐ Other

Bank Name			
Bank Routing #		Account #	
Starting Check #			

Please Provide Copy of Voided Check

Do You wish to have your scanned signature appear on your payroll checks? ☒ Yes ☐ No

Sign to the right of the arrow for your scanned signature



X

Authorized Signature and Title

Date



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

### Funding & Timing Options

In this field, please describe the timing and funding options that you would like to use per the example given below. For example, if a pay date is set for a Friday, define the day of the week for file transmissions, and then the day that you would like account(s) debited.

### PPP Information

PPP Name: Absolute Pay Trust Two Inc  
PPP Account #: \_\_\_\_\_  
Fees Charged To: ☒ PPP ☐ Client  
Pennies Challenge Waived: ☒ Yes ☐ No

### Authorized Signature

By signing this Client Authorization Form, authorization is hereby granted to: Absolute Pay Trust Two 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: Absolute Pay Trust Two Inc 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 \_\_\_\_\_

X

Signature

Date

122112A

Please return completed form via email to [service@absolutepayrollservice.com](mailto:service@absolutepayrollservice.com)  
or by fax to 941-365-8123