



### Company Authorization Agreement

All information below is required

Processor \_\_\_\_\_ PIN \_\_\_\_\_

#### CLIENT/COMPANY INFORMATION

DBA Name \_\_\_\_\_

Legal Name \_\_\_\_\_

**Ownership** Full names of all company owners/officers/members are required.

Company is a non-profit or government agency. Please list the Director(s), President or Managing Members.

\_\_\_\_\_  
\_\_\_\_\_

Tax Identification Number \_\_\_\_\_ Years in Business \_\_\_\_\_

Company Address \_\_\_\_\_  
*(Physical/street address only; PO Boxes are not accepted)*

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Company Phone # \_\_\_\_\_

#### NATURE OF THE BUSINESS

**Products/Services** ([NAICS Code](#)) \_\_\_\_\_  
*(i.e., what type of products/services does the company provide to its customers? Please be as specific as possible.)*

Is the client engaged in any marijuana-related activity?  Y  N

Is the client engaged in any CBD or Hemp related activity?  CBD  Hemp  N

If yes to CBD, I attest that the products contain less than 0.3% THC, comply with FDA requirements, do not make unsubstantiated medical claims and that this company has not received a warning letter from the FDA for selling illegal CBD products.

If yes to Hemp, I attest that the company complies with applicable state and USDA requirements.

Will the company's ACH transactions be funded (via wire or ACH) from a non-US based bank account?  Y  N

Will the destination bank account of funds from the company's ACH transactions result in funds being sent (via wire or ACH) to a non-US based bank account?  Y  N



**PROCESSING INFORMATION**

**Type of Transactions to be submitted:**

- Billing (your fees)     Vendor Payment     Tax Impound     Tax Payment     Net Pay Impound
- Payroll Direct Deposit

**Direct Deposit Processing Window**

- 3 Day Processing Window (24 hour)     4 Day Processing Window (48 hour)     5 Day Processing Window (72 hour)
- Do not allow for shorter windows     Do not allow for shorter windows     Do not allow for shorter windows

- Premium 4 Day Window     Wire     Wire Drawdown     Seasonal (select a processing window)

**Bank Information:** (must be a checking account)

Business Name on Account: \_\_\_\_\_  Corporate/Business Account  
 (Company name as it appears on the bank statement or voided check)  Consumer/Personal Account

Routing Number \_\_\_\_\_ Checking Account Number \_\_\_\_\_

**Anticipated Date Sending First File:** \_\_\_\_\_

**TERMS & CONDITIONS**

Subject to the Processor Agreement between Processor and Kotapay, and all other contracts applicable to Company's authorization of Kotapay to process ACH entries on Company's behalf, Company specifically agrees to the following terms and conditions:

- Company authorizes Kotapay to originate ACH entries on its behalf;
- Company agrees not to originate entries that violate any Nacha rules or regulations, or any applicable local, state, federal or international laws and regulations; and
- Company acknowledges Kotapay's right to audit Company's compliance with the terms of this Agreement, Nacha rules and regulations, and any applicable law or regulation.

**ACKNOWLEDGEMENT/SIGNATURE**

I attest and agree all information contained within is true and accurate and by signing this Company Authorization Agreement, the parties agree to be bound by the policies and terms and conditions located at [www.kotapay.com/agreement](http://www.kotapay.com/agreement) as they may be amended, modified and updated and which are incorporated herein by reference (collectively "Agreement"). My signature below constitutes my authorization to Kotapay and its agents to create and transmit ACH files for the purpose of transferring funds through the Automated Clearing House (ACH) pursuant to the terms of this Agreement and that all transactions are governed by this Agreement.

**Company**

**Processor**

**Kotapay**

\_\_\_\_\_  
Signature of Authorized Agent

\_\_\_\_\_  
Signature of Authorized Agent

\_\_\_\_\_  
Signature of Authorized Agent

\_\_\_\_\_  
Name Printed

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Name Printed

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Date