



Company Authorization Agreement

All information below is required

Processor _____ PIN _____

CLIENT/COMPANY INFORMATION

Business DBA Name _____

Business Legal Name _____

Beneficial Ownership: All individuals who own 25% or more of the company must be listed. If no individual owns 25%, at least one owner with significant managerial power must be listed (C-suite leadership, a non-equity managing partner, principal, etc.).

Company is a non-profit, publicly traded or government agency. Please list person(s) with considerable managerial authority.

Tax Identification Number _____ Years in Business _____

Business Physical Address _____
Physical/street address only; PO Boxes are not accepted

City _____ State _____ Zip _____ Business Phone # _____

Nature of Business ([NAICS Code](#)) _____
What products or services does the company provide to its customers? Please be as specific as possible.

Business Website (leave blank if not applicable): _____

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 (additional paperwork needed) Seasonal (select a processing window)

Bank Information: (must be a checking account)

Business Name on Account: _____ Corporate/Business Account
Client's Business Name as it appears on the bank statement or voided check Consumer/Personal Account

Routing Number _____ Checking Account Number _____

Additional account: (Optional, must be a checking account)

Business Name on Account: _____ Corporate/Business Account
Client's Business 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.
- Company appoints Processor as its agent for purposes of receiving notice of any future amendments or additions to the Company Authorization Agreement Terms and Conditions incorporated herein and located at www.kotapay.com/agreement.

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 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

Name Printed

Name Printed

Title

Title

Title

Date