



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 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

Name Printed

Title

Date

Signature of Authorized Agent

Name Printed

Title

Signature of Authorized Agent

Name Printed

Title