



### ACH Application

Federal regulations require Kotapay to obtain, verify and collect information from its customers including the Company that is the subject of this ACH Application. All information provided by Company is treated as confidential and used for the sole purpose of the approval process. Incomplete information may cause a delay in the application process. Company acknowledges that it maybe be asked to supply additional information.

#### Company (Processor) Information

Legal Name: \_\_\_\_\_ DBA Name: \_\_\_\_\_
Federal Tax ID Number \_\_\_\_\_ [ ] Corporation [ ] Partnership [ ] Proprietorship [ ] LLC [ ] Other
Industry type/NAICS Code: \_\_\_\_\_ Years in Business: \_\_\_\_\_ Website: \_\_\_\_\_
Main Company Phone: \_\_\_\_\_ Customer Service Phone: \_\_\_\_\_
Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
Mailing Address\*: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

\*if different from Physical Address

#### Authorized Individuals Information

The following employees of the company named below are authorized to interact with Kotapay on behalf of the company.

- You will need to designate an Administrator. This Admin user will be responsible for managing and keeping your company's Kotapay account secure. You can choose more than one Admin user.
At least one emergency/after-hours contact must be indicated. This is the individual we will contact regarding any file-related issues which occur after regular business hours.

Main Contact: \_\_\_\_\_ Title: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ After hours/emergency phone: \_\_\_\_\_

[ ] Administrator [ ] Separate Login Allow access to: [ ] Reports [ ] File Upload [ ] After hours/emergency Contact

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ After hours/emergency phone: \_\_\_\_\_

[ ] Administrator [ ] Separate Login Allow access to: [ ] Reports [ ] File Upload [ ] After hours/emergency Contact

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ After hours/emergency phone: \_\_\_\_\_

[ ] Administrator [ ] Separate Login Allow access to: [ ] Reports [ ] File Upload [ ] After hours/emergency Contact

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ After hours/emergency phone: \_\_\_\_\_

[ ] Administrator [ ] Separate Login Allow access to: [ ] Reports [ ] File Upload [ ] After hours/emergency Contact

#### 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 individual(s) with significant managerial power.

Identify and provide a driver's license, passport or government issued identification for listed individuals.

Name: \_\_\_\_\_

Title: \_\_\_\_\_ Ownership %: \_\_\_\_\_

SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

Home Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_ Ownership %: \_\_\_\_\_

SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

Home Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_ Ownership %: \_\_\_\_\_

SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

Home Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_ Ownership %: \_\_\_\_\_

SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

Home Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_



**Background Information.** Please answer ALL questions below.

- Does the Company have a revolving line of credit associated with the business account? .....  Yes  No  
Name of Financial Institution: \_\_\_\_\_ Max Amt. \$ \_\_\_\_\_ Outstanding Bal. \$ \_\_\_\_\_
- Within the past 7 years has the Company, a Beneficial Owner of the Company or any associated Company past or present, ever filed bankruptcy?  
 Yes  No Name of entity which filed: \_\_\_\_\_ State where filed: \_\_\_\_\_ Date of filing: \_\_\_\_\_
- Has the Company or a Beneficial Owner of the Company ever been investigated by a state or federal agency? .....  Yes  No  
Agency investigating: \_\_\_\_\_ Date of investigation: \_\_\_\_\_  
Nature of investigation: \_\_\_\_\_ Result of investigation: \_\_\_\_\_
- Is the Company or a Beneficial Owner of the Company currently a party to a lawsuit? .....  Yes  No  
Date of lawsuit: \_\_\_\_\_ Parties named in the lawsuit: \_\_\_\_\_
- Are there any judgments or liens of record against the Company or a Beneficial Owner of the Company? .....  Yes  No  
Date: \_\_\_\_\_ Amount: \_\_\_\_\_ Judgment/lien in favor of whom: \_\_\_\_\_
- Has the Company or a Beneficial Owner of the Company ever been convicted of a crime other than involving a motor vehicle? .....  Yes  No  
If yes, explain the nature of crime: \_\_\_\_\_
- Is the Company engaged in any marijuana, CBD or Hemp related activity? .....  Yes  No  
If yes, check all that apply: .....  Marijuana (including medical)  CBD  Hemp

**Provide a detailed description of the products or services offered, your targeted clientele, and purpose for the ACH transactions:**

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

**Transaction Estimation.** Please provide the following transaction information

<input type="checkbox"/> <b>Billing (CCD)</b> <i>Corporate/Business Debits</i> Number of Debits per month: _____ Highest Single Debit Amount: \$ _____ Highest Batch Amount: \$ _____ Est. Monthly Billing Total: \$ _____	<input type="checkbox"/> <b>Billing (PPD)</b> <i>Consumer/Personal Debits</i> Number of Debits per month: _____ Highest Single Debit Amount: \$ _____ Highest Batch Amount: \$ _____ Est. Monthly Billing Total: \$ _____	<input type="checkbox"/> <b>WEB payments</b> <i>Consumer/Personal Debits</i> Number of Debits per month: _____ Highest Single Debit Amount: \$ _____ Highest Batch Amount: \$ _____ Est. Monthly Billing Total: \$ _____
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**Account Authorization:** Processor authorizes KP to initiate electronic transfer entries to and from the bank account disclosed below. Processor understands that adjustment entries may be made to this account (and subsequently identified accounts) to ensure an accurate and balanced accounting of all transactions. This authorization will remain in effect until Processor cancels the authorization in writing.

Bank Account

Bank Name: \_\_\_\_\_ Account Type: Business Checking

Bank Routing Number (nine digits): \_\_\_\_\_ Bank Account Number: \_\_\_\_\_

Bank's Telephone Number: \_\_\_\_\_



**REQUIRED Documentation.** ALL of the following **MUST** be submitted with this application.

1. Document verifying Tax ID/EIN with company name and complete 9-digit number listed.
2. A voided check of the business checking account, account signature card or a letter from the bank (on bank letter head) is acceptable. Must be a business account.
3. Copy of the last 2 months business bank account statements (or personal if business is unavailable).
4. Legible photocopy of **valid** Driver's License, passport or other government issued identification of individual(s) listed in Beneficial Ownership.
5. Relevant to the type of entity; Copy of Certificate of Incorporation, Articles of Incorporation, Partnership Agreement, business registration or city/county license.
6. ACH Authorization Form. Please select:  **Kotapay form**  **Our own form** *(If using your own, please provide a sample of your ACH Authorization Form.)*

**Acknowledgement/Signature**

**By signing below, you acknowledge that you have read and understand each of the following terms and conditions:**

- Company acknowledges and certifies that the information in this Application is true, accurate and complete.
- I understand that approval terms & processing windows are subject prior to approval by Kotapay.
- Exclusion of any of the above requested items required for consideration of this Application may delay or void processing of this Application and I have attached a written statement of reasons for any exclusion.
- The Company is legally responsible for obtaining written authorization from the customer to process an EFT as per Federal Regulation E.
- Company authorizes Kotapay, and/or its agents, to obtain any additional information from third parties including, but not limited to, banks, financial institutions, credit bureaus, federal or state agencies, including other financial information, credit reports, criminal records, criminal history, and bankruptcy reports which may be necessary to act on or verify the supplied information.

**Acceptance/Terms and Conditions**

If Kotapay approves Company's ACH Application in its sole discretion, Kotapay will deliver an acceptance letter to Company via an email to the Main Contact listed above.

Upon receipt of an acceptance letter, Company agrees to be bound by the Terms and Conditions available at [www.Kotapay.com/BasysAgreement](http://www.Kotapay.com/BasysAgreement), which Terms and Conditions apply to any transactions processed by Company via Kotapay.

**Authorized Agent Signature**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name (printed):** \_\_\_\_\_ **Title:** \_\_\_\_\_

*Revised 2/26*