Wire Transfer Draw-Down Authorization Agreement

1 – Company Information

Name | **Taxpayer Identification Number (TIN) or (EIN)**

Address | **Phone Number** | **Fax Number**

Contact Name | **Contact Email Address**

2 – Company Bank Information

Name | **Phone Number** | **Fax Number**

Address | **Account Number** | **Routing Number**

Contact Name | **Contact Email Address**

Run a reverse-wire test once setup is complete? _____

3 – Draw-Down Recipient Information

National Payment Corporation (NatPay)
Company Name

First PREMIER Bank
Bank Name

3415 West Cypress Street, Tampa, FL 33607-5007
Company Address

605-978-9727
Bank Phone Number

605-978-9760
Bank Fax Number

400 S. Sycamore Ave., Suite 101, Sioux Falls, SD 57110
Bank Address

1070069
Account Number

091408598
Routing Number

Errin Frankman
Bank Contact Name

efrankman@firstpremier.com
Bank Contact Email Address

4 – Maximum Limitation of Wire Transfer Draw-Downs *(optional)*

_____ **Balance in Account** _____ **Other:** _____

National Payment Corporation (NatPay)
3415 West Cypress Street • Tampa, FL 33607 • 813.222.0333 • Fax 813.221.8651
www.natpay.com

NATPAY

Wire Transfer Draw-Down Authorization Agreement

5 – Terms and Conditions

This form requests that all entities named in this agreement honor wire transfer draw-down requests as described below.

The company listed in section one of this agreement hereby authorizes the institution listed in section two to act on behalf of the company named in section one to respond to "Wire Transfer Draw-Down Requests" from the company/institution named in section three. The response will result in the initiation of a charge to the account listed in section two, and the creation of outbound wire transfers to the checking or savings account for the company/institution named in section three of this agreement. All wire transfers applicable to this agreement must comply with the provisions of U.S. law. This authorization agreement shall remain in effect until all parties named herein are notified in writing to cancel wire transfer draw-down services.

6 – Authorized Signatures

The signatures below certify that all information in this agreement is valid and correct, and that each entity listed is either the owner or an authorized signer for the designated entity, and have unlimited withdrawal or deposit rights on the depository's records when applicable.

Company Manager Name *(Please print.)*	**Company Manager Title**
Company Manager Signature	**Date**
Bank Manager Name *(Please print.)*	**Bank Manager Title**
Bank Manager Signature	**Date**
Steven F. Pereira **NatPay Manager Name** *(Please print.)*	Vice President / General Manager **NatPay Manager Title**
NatPay Manager Signature	**Date**
First Premier Bank Signature	**Date**

This form needs to be processed by the bank's wire department listed in section two, and a copy sent to NatPay by fax: 813.221.8651 or email: csr@natpay.com