



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)

First PREMIER Bank

Company Name

Bank Name

3415 West Cypress Street, Tampa, FL 33607-5007

605-978-9727

605-978-9760

Company Address

Bank Phone Number

Bank Fax Number

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

1070069

091408598

Bank Address

Account Number

Routing Number

Errin Frankman

efrankman@firstpremier.com

Bank Contact Name

Bank Contact Email Address

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

_____ Balance in Account _____ Other: _____



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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

Vice President / General Manager

NatPay Manager Name (Please print.)

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