



<b>Employee Nam</b>		<b><i>MegaPay usa Inc</i></b>
<b>Street Address</b>		21 Robert Pitt Drive Suite 109
<b>City, State, Zip</b>		Monsey NY 10952
<b>Telephone</b>		T: 855.MEGA.PAY (634.2729) - F: 845.504.2713

### **Authorization for Debit and Credit Electronic Funds Transfers**

I hereby authorize on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ my employer and/or third party including MegaPay usa Inc (MP), to initiate electronic withdrawals and/or deposits to the bank account shown below. I understand that adjustment and/or reversing entries may be made to this account to insure an accurate and balanced accounting of all transactions. This authorization will remain in effect until;

- a) **I notify my Bank and MP in writing to terminate this agreement and give the Bank and MP reasonable time to terminate this agreement,**
- b) **The Bank, employer, and/or MP have sent me five (5) business days advance written notice of the Bank's and/or MP's termination of this Agreement**

I understand that any cancellation in writing will become effective no earlier than five (5) business days after the day the last transaction has cleared and there are no outstanding balances to the account.

I UNDERSTAND THAT MP PROVIDES ELECTRONIC FUND TRANSFER SERVICES TO MY EMPLOYER. THE FUNDS TO BE TRANSFERRED MUST BE COLLATERALLY FUNDED AND ARE FULLY GUARANTEED BY MY EMPLOYER AND/OR MYSELF. IN THE EVENT THE FUNDING FOR A TRANSFER IS RETURNED FOR ANY REASON OR MP HAS BEEN PROVIDED INCORRECT INFORMATION AND/OR HAS ERRONEOUSLY TRANSFERRED FUNDS TO MY ACCOUNT, I AUTHORIZE MP TO WITHDRAW/REVERSE FROM MY ACCOUNT THE AMOUNT OF FUNDS TRANSFERRED IN ERROR. I ALSO UNDERSTAND THAT MP MAY WITHDRAW AND/OR DEPOSIT TO MY ACCOUNT VARIOUS FUNDS REGARDING MY PARTICIPATION IN A FLEXIBLE BENEFIT/CAFETERIA PLAN/ERISA PLAN. I HEREBY HOLD MP HARMLESS FOR TRANSFERRING ANY FUNDS DESIGNATED FOR FLEX BENEFITS UPON THE DIRECTION OF MY EMPLOYER OR PROCESSOR, AND THAT MY REMEDY FOR ANY ERRONEOUS TRANSFERS IS SOLELY AGAINST THE PROCESSOR AND/OR MY EMPLOYER AND THAT I WILL HOLD HARMLESS MP FROM ANY LIABILITY AND DAMAGES RESULTING THEREFROM. I UNDERSTAND, AGREE, AND ACKNOWLEDGE THAT AS PART OF THE ACH PROCESS, ONCE FUNDS ARE DEBITED FROM THE BANK ACCOUNT SHOWN BELOW PURSUANT TO THIS AGREEMENT, SUCH FUNDS SHALL BE PLACED IN ONE OR MORE MP ACCOUNTS AT MP'S BANK AND THAT MP SHALL BE THE ONLY ENTITY AUTHORIZED ON SUCH ACCOUNTS. I FURTHER ACKNOWLEDGE THAT SUCH MP ACCOUNTS SHALL BE SUBJECT TO SETOFF BY MP'S BANK.



**Limitation of Action:** I acknowledge that I have 60 days from the date of a withdrawal from or deposit to the account shown below to dispute the withdrawal or deposit by contacting my employer and MegaPay Corporation by telephone and later supplemented in writing, or in writing of any discrepancies, errors or disputes concerning any transfer of funds to or from any account processed by MegaPay. This will include but not limited to, errors in amounts, erroneous transactions, or other transactions processed. All written notices must include the following information:

- a) The name of the company with whom the undersigned authorized the transaction, i.e., employer and/or third party;
- b) Federal Taxpayer ID number of the company authorized to make the transaction;
- c) Federal Taxpayer ID number of the undersigned;
- d) The name of the undersigned;
- e) The name, account number and ABA number on the transaction in question;
- f) The dollar amount of the transaction in question; and
- g) Description of the error and explanation of the error.

I understand and agree that my employer or MP will inform me of the results of their investigation within ten (10) days of the receipt of the complaint and will correct any error promptly. I understand and agree that if my employer, and/or, MP need more time; MP may take up to 45 days to investigate the undersigned's complaint. For transfers initiated outside the United States or transfers resulting from point of sale or debit/access cards, the time periods for resolving errors will be 45 days and 90 days respectively.

\_\_\_\_\_  
Undersigned's Name

\_\_\_\_\_  
SSN

\_\_\_\_\_  
Financial Institution

\_\_\_\_\_  
Branch

\_\_\_\_\_  
City

\_\_\_\_\_  
Phone Number

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Routing (ABA) Number

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Account Number      Account Type:    Checking     Savings

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Routing (ABA) Number

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Account Number      Account Type:    Checking     Savings

Please attach to this authorization a voided personal check for verification of all checking account information.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date