

ACH Authorization Agreement

COBRA Premium Remittance

Company Name	
Contact Name	Phone
Bank Name	
Bank Address	
Company Name as it Appears on Account	
Which type of account do you want to use to receive funds from UnifyHR? <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
Account Number	Routing Number

We hereby authorize fund transfers to the institution indicated above (and/or corrections to the previous credits), and the institution is authorized to credit (and/or correct) the amount to our account. This authority is to remain in full force and effect until an authorized company representative revokes it in writing in such time and such manner as we afford the institution a reasonable opportunity to act on it (no fewer than 10 days).

W9 Information

The Internal Revenue Service (IRS) requires us to report the total amount of services, interest, rents, conversion incentives and certain other payments paid to each vendor or customer during a calendar year.

Please check one: <input type="checkbox"/> Individual/Sole Proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Other please specify	
Are you exempt from backup withholding? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Federal Tax ID Number:	SSN (if applicable):
Name and address exactly as you file with the IRS, if different than above: Name: Address:	

If you fail to provide us with your taxpayer identification number, you may be subject to a \$50 penalty imposed by the Internal Revenue Service. In addition, payment that we make to you may be subject to backup withholding at a rate of 31%. Be sure to provide us with the correct name and number in which you will be filing your Federal Income Tax return. You must be consistent with the name and tax ID number that you furnish to us for all of your accounts and to your other payers in order to avoid 31% withholding from your future payments.

MUST BE SIGNED BY AUTHORIZED COMPANY REPRESENTATIVE.

_____	_____
Authorized Contact Name (please print)	Title
_____	_____
Authorized Signature	Date