

Online Payroll ACH Agreement



*This agreement must be completed in full in order to obtain access to the Online Payroll Remittance payment functionality (employer online payroll tools) of the National Benefit Services, LLC (NBS) web site. An email address is required to gain access. **Please print or type.***

Section 1: Employer Contact Information

Payroll Remittance (Group Bill) ID #: _____ Date: _____

Employer Name: _____

Address: _____

City, State, ZIP: _____

Main contact person (Will be issued login credentials): _____

Email Address: _____ Telephone: _____
(required)

Secondary contact person (if needed): _____

Telephone: _____ Email Address: _____
(required)

Should the secondary contact receive a separate login to the website? ☐ Yes ☐ No

Payroll Schedule: This schedule may or may not coincide with the payroll frequency for your company. Please indicate the schedule you will follow for making online submissions. Example: If your payroll frequency is weekly, but you submit contributions monthly, then select the monthly option below. If semi-monthly please give specific dates (For example: 1st & 15th).

☐ Monthly ☐ Bi-Weekly ☐ Quarterly ☐ Weekly ☐ Semi-monthly ☐ Other (specify) _____

Next payroll end date to show online (required): _____

Section 2: Bank Information

Bank Name _____

Bank Address _____

Bank Routing # (9 digits): _____ Account #: _____

Account Owner: _____

☐ Checking or ☐ Savings

☐ Corporate Account or ☐ Personal Account

List the largest anticipated transaction amount. If you submit a contribution remittance request through the NBS website that exceeds this amount by more than 25%, NBS will not process it without receiving your written approval to make an exception. **This exception process will delay the processing of the online transaction.**

Largest anticipated transaction amount (required): _____

Section 3: Bank Fraud Filter Information

Please check with your bank regarding any ACH fraud filters you may have on your account. In order for the transaction to be successful, you may need to identify Ameriprise Financial and NBS as trusted partners. The company name and company ID which will appear in ACH transactions are **AMERIPRISE/NBS** and **D411667086** respectively.

Section 4: Agreement

- I understand that this Agreement will remain in effect until I provide written notice of cancellation to Ameriprise Financial Services, Inc. and NBS. I further agree to promptly notify NBS in writing of any changes to the account information contained herein.
- If the ACH debit request is scheduled to occur on a weekend or holiday, I understand that the payments may be executed on the next business day.
- I authorize Ameriprise/NBS to debit my account in the amount of \$0.01 as a test transaction necessary to verify that the information I have provided on this form is correct. After account validation has been successfully completed, this amount will be refunded.
- I authorize NBS to make charges (debit entries) to the bank account identified on this form to correct any deposits (credit entries) made in error by NBS or the processing bank.
- I acknowledge that I am responsible for the security of the log-in credentials to the web site that NBS will provide to me. I understand that I should notify NBS if my log-in credentials should be terminated or revoked for any reason. I certify that I am an authorized person to agree to the terms in this authorization form and to sign for this bank account and, provided the transactions correspond to the terms indicated in this authorization form, I will not dispute the requested transactions.
- I certify that the information provided on this form is true to the best of my knowledge and that I am authorized to agree to these terms.

By signing this agreement, you authorize Ameriprise Financial Services, Inc. (AFSI) and its affiliates to act upon instructions from you to debit or credit the account held at the financial institution named in this Agreement. You agree that this arrangement will remain in effect until you notify NBS, acting as agent, in writing to cancel it; allowing reasonable time to act upon your cancellation. AFSI reserves the right to terminate this arrangement at any time in its sole discretion.

Authorized Person (please print full name)

Signature (**required**)

Title

Date

Instructions

Mail, fax or e-mail this document (**both pages**) to NBS.

National Benefit Services Data Services
430 W 7th Street Suite 219827
Kansas City, MO 64105-1407

Email: PayrollSupport@nbsbenefits.com
Fax: 801-838-7311

We will contact you by email when we are ready to perform the test transaction on your bank account.