



EMCA Application and Payment Authorization Form

To open an Express Mail Corporate Account (EMCA), or to select a new payment option for an existing account, complete the General Information section and either the Credit Card Payment Option or the Automated Clearing House (ACH) Payment Option section of this form. Customers choosing the Credit Card Payment Option may fax the form to 816-545-1212. Customers choosing the ACH Option should mail the form to:

**EXPRESS MAIL CORPORATE ACCOUNT
ATTN: – EMCA COORDINATOR 8300 NE
UNDERGROUND DR PILLAR 210
KANSAS CITY MO 64144-0001**

POSTAGE LIABILITY AND PAYMENT OPTIONS:

The mailer must pay all postage and fees resulting from shipments presented bearing the assigned account number while the account is active and up to 30 days after the account is closed.

CLOSING ACCOUNT:

The Postal Service may close an account if the account has three returned ACH or declined credit card payments.

PRIVACY NOTICE:

Your information will be used to provide you requested products, services, or information. Collection is authorized by 39 USC 401, 403 & 404. Providing this information is voluntary, but if not provided, we may not process your transaction. We do not disclose your information, except in the following limited circumstances: to a congressional office on your behalf; to financial entities regarding financial transaction issues; to a USPS auditor; to entities, including law enforcement, as required by law or in legal proceedings; and to contractors and other entities to fulfill the service. For more information, see our privacy policy on www.usps.com.

General Information:

- This is a new EMCA Application
- I am an existing EMCA Customer

EMCA Customer Account Number: _____

Name

Title

Company Name

Taxpayer ID Number/SSN

Address Line 1

Address Line 2

City

State ZIP+4®

EMCA Account Contact Person

Contact Telephone Number Contact Email Address

Credit Card Payment Option:

With this option, the Express Mail Corporate Account holder's credit card on file will be charged when the Express Mail® account is used for a mailing. To enroll in the Credit Card Payment Option, please complete the following:

Credit Card Authorization: I authorize the Postal Service™ to charge my account for the acceptance of all future Express Mail postage and fees incurred by my organization and myself.

Credit Card # _____ -- _____ -- _____ -- _____

Credit Card Brand Expiration Date

Name on Credit Card

Credit Card Holder's Authorizing Signature

Credit Card Billing Address (if different than above)

Address Line 1

Address Line 2

City

State ZIP+4®

With this option, an ACH debit is sent to the account holder's bank account of choice at the time of an Express Mail Corporate Account mailing. This form is an authorization agreement for Automated Clearing House pre-authorized payments.

BANK INFORMATION:

This authorization will remain in effect until written notification of termination has been given by the customer and that notification has been received by the Manager Support, Stamp Fulfillment Services (for the U.S. Postal Service). In addition, the U.S. Postal Service, in its discretion, may terminate the customer's ability to participate in the Electronic Funds Transfer system. Any termination will take effect only after all entries originated by the U.S. Postal Service have been honored by the bank.

CUSTOMER INFORMATION:

Failure to deliver such notice within the prescribed period will serve as an absolute waiver by the customer of any and all remedies, causes of action, and other forms of relief arising out of or in connection with each such debit transaction. The U.S. Postal Service will then have 30 days in which to respond. This Agreement supersedes any agreement that the customer may have with the U.S. Postal Service concerning terms of payment. This authorization is not governed by the provisions of either the *United States Postal Service Interim Purchasing Guidelines, May 2005* or any successor information addressing the subject matter thereof, or the *Contract Disputes Act*.

The undersigned hereby authorizes the U.S. Postal Service™ to originate debit and/or credit entries via the Automated Clearing House to the account indicated below at the Depository Financial Institution named below, to accept and to debit/credit the amount of such entries to the account. Failure to complete all fields may create a delay in account set-up. Please return a voided check with this form.

Bank Name

Contact Name Telephone Number

Address

City

State ZIP+4®

Account Name

Account Number

Bank Routing Number (9 digits)

Please check one of the following:

Consumer Bank Account Business Bank Account

Account Type:

Checking Savings

Business Name (If applicable)

Contact Name

Email Address

Telephone Number/Daytime Telephone Number/Evening

Taxpayer ID Number/SSN

Address

City

State ZIP+4®

Authorized Signer on Bank Account Signature (required) Date

Name of Authorized Signer on Bank Account Name (please print)

Customer, by its signature above, and the U.S. Postal Service, by its initiation of a debit and/or credit authorized, hereby agree to be bound by the National Automated Clearing House Association (NACHA) rules in the administration of these debit/credit entries. Debit/credit entries will be initiated only as authorized above. Any issues, objections, or discrepancies regarding the amounts debited/credited will be reported in writing, submitted no later than 90 days from the date the debit/credit transaction was initiated, to:

**EMCA ACH COORDINATOR
STAMP FULFILLMENT SERVICES
8300 NE UNDERGROUND DR PILLAR 210
KANSAS CITY MO 64144-0001**