



## RECIPIENT PAYMENT ACCEPTANCE FORM

### General Information

Recipient Name (DBA if applicable): \_\_\_\_\_

Recipient Legal Name (if different): \_\_\_\_\_

Recipient Address: \_\_\_\_\_

\_\_\_\_\_

### Type of Entity (please check all that apply):

- Candidate ( Federal /  State /  Local)
- PAC ( Federal /  State)
- Party Committee ( Federal Account /  non-Federal Account)
- Nonprofit ( 501(c)(3) Charity  501(c)(4)  527  other)
- For Profit
- Individual

### Regulatory Identification Numbers (include all that have been issued):

#### Candidates:

Office Sought (include district or locality, if applicable):

\_\_\_\_\_

FEC (or state regulator) Candidate ID: \_\_\_\_\_

FEC (or state regulator) Committee ID: \_\_\_\_\_

(Candidates for office must include at least a Candidate or Committee ID and should include both if applicable.)

#### Political Committees (including PACs, political parties, ballot initiative committees, etc):

FEC (or state regulator) Committee ID: \_\_\_\_\_

#### Nonprofits:

IRS Determination Letter Number: \_\_\_\_\_

IRS Tax Identification Number (TIN): \_\_\_\_\_

## Banking Information

Routing and Account numbers for an account, held at a U.S based financial institution acceptable to Company, to which funds may be transferred to Recipient and from which adjustments may be made:

Account Number: \_\_\_\_\_

Routing Number: \_\_\_\_\_

**IMPORTANT: Please fax a copy of a voided check or deposit slip for the above account to Democracy Engine, LLC, Attn: New Accounts, at fax number: 240-238-9117.**

## Contact Information

Contact information for person submitting this form:

Name of person submitting this form: \_\_\_\_\_

Title of person submitting this form (must be an authorized officer of Recipient):

\_\_\_\_\_

Email Address: \_\_\_\_\_

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

Fax Number: \_\_\_\_\_

Primary contact for communications with us (if different):

Contact Name: \_\_\_\_\_

Contact Email Address: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Contact Fax Number: \_\_\_\_\_

Administrative / Compliance Data Access (up to 3):

1. Name: \_\_\_\_\_

E-Mail: \_\_\_\_\_

2. Name: \_\_\_\_\_

E-Mail: \_\_\_\_\_

3. Name: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Contact information to be conveyed to contributors (This information may become PUBLICLY AVAILABLE):

Contact Name: \_\_\_\_\_

Contact Email Address: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Contact Fax Number: \_\_\_\_\_

By submitting this Recipient Payment Acceptance Form, the person submitting this form, on behalf of the Recipient named above: (1) certifies on behalf of Recipient that all information provided on this form is true, current and complete; (2) has reviewed and hereby accepts the Recipient Terms of Service (<http://democracyengine.com/RecipientToS.html>) with Democracy Engine, LLC (“Company”); (3) acknowledges that additional information may be required before this form can be fully processed, and that Recipient’s tender of this form and acceptance of the Recipient Terms of Service also is subject to acceptance by Company at its home office; (4) authorizes debit and credit entries to Recipient’s bank account referenced above; (5) agrees to notify Company if any information on this form changes in the future; (6) acknowledges that Company reserves the right to verify Recipient’s information with third parties; and (7) understands that if Recipient fails to provide required information, or Company has reasonable grounds to suspect that any such information is not true, current and complete, Company may limit, suspend or terminate Recipient’s receipt of Contributions and/or withhold amounts due.

**ACCEPTED AND AGREED:**

**COMPANY:**

**RECIPIENT:**

**DEMOCRACY ENGINE, LLC**

\_\_\_\_\_

By: \_\_\_\_\_

By: \_\_\_\_\_

Print Name: Jonathan Zucker

Print Name: \_\_\_\_\_

Title: Managing Member

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_