



Business Partner Payment Election Form

Purpose for processing form

☐ New authorization

☐ Edit business information

☐ Edit banking information

Section 1 General Business Information

Legal name (must match name on bank account)		Partner ID or log-in
DBA business name		Social Security number
Constant Contact partner name		or Company tax ID
Address (number, street and/or apt. no.)		City, state, and ZIP
Please check the description of your business: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company, Enter the tax classification (D=disregarded entity, C=corporation, P=Partnership) ▶ _____ <input type="checkbox"/> Other		

Section 2 Electronic Payment Options

Please choose **one** of the following methods:

<input type="checkbox"/> Direct Deposit		<input type="checkbox"/> PayPal
Name of the financial institution		PayPal Email Address
Classification of bank account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		(Additional lines if needed)
Routing number	Account number	

Section 3 Authorization & Certification

Under penalties of perjury, I hereby certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or one of the following (a) a U.S. resident, (b) a partnership, corporation, company or association created or organized in the United States or under the laws of the United States, (c) an estate (other than a foreign estate), or (d) a domestic trust

I, the undersigned do hereby authorize Constant Contact, Inc. to perform electronic transfers of my revenue share payments to the bank account listed under Section 2.

Signature Required	Signature of U.S. person	Date

Please remit to one of the following:

Fax: 781-370-8537

Email: ap@constantcontact.com

Mail: Constant Contact Inc. 1601 Trapelo Road Waltham Ma. 02451

Questions: Please call 866-811-1344