

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS AND DIRECT PAYMENTS (ACH CREDITS)

Vendor Name	Vendor# (Required)
<input type="text"/>	<input type="text"/>

Mailing Address

City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>

_____, hereinafter called VENDOR, hereby authorize(s) The Port Authority of New York and New Jersey (PANYNJ), to initiate credit entries and debit corrections to its Checking Account(s) indicated below at the depository financial institution named below, and to credit the same to such account. Credit entries will be made to the VENDOR's account in accordance with the separate instructions of, or as agreed upon by, the VENDOR. VENDOR agrees to confirm identification of the account at the time of the initial credit entry to such account and to notify PANYNJ immediately if an incorrect entry is posted to the account.

VENDOR acknowledges and agrees that it is bound by, and that the origination of ACH transactions to its account must comply with, applicable provisions of the U.S. law, the National Automated Clearing House Association Operating Rules and Operating Guidelines. VENDOR certifies that all funds credited to the account are funds of the VENDOR and that the account shall not be used for funds belonging to any third party.

Depository Institution	<input type="text"/>	Branch	<input type="text"/>
City	State	Zip	
Routing Number	Account Number		
<input type="text"/>	<input type="text"/>		
Country	Account Type	Currency	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

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This authorization supercedes and replaces all prior authorizations for direct deposits and direct payments and shall remain in full force and effect until the Port Authority of New York and New Jersey (PANYNJ) has received written notification from VENDOR of its termination in such time and in such manner as to afford the PANYNJ and the depository financial institution(s) a reasonable opportunity to act on it.

Vendor Name	
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Name	Title	Telephone#
Date	Authorized Signature(s)	

NOTE: WRITTEN CREDIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

PAYMENT REMITTANCE: At this time, payment remittance information is to be sent via CCD transaction. Payment remittance information is to be sent to Account Receivable Representative below.

Name	
E-mail	Or Fax:

RECEIVER SIGNATURE

By	Print Name	Date
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J.P.Morgan

January 5, 2015

To whom it may concern:

Please accept this letter as confirmation for said referenced commercial checking account with J.P. Morgan:

Bank Name: J.P. Morgan
Account Name: SolarWinds Worldwide LLC
Account Number: ██████████
ABA for ACH: 111000614
ABA for Wires: 021000021
SWIFT Code: CHASUS33

If you should require any additional information, please contact me at 214-965-2660.

Kind regards,



Kimberly Moyer
Client Relationship Manager

Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding and Reporting (Individuals)

(Rev. July 2017)

Department of the Treasury
Internal Revenue Service

► **For use by individuals. Entities must use Form W-8BEN-E.**
► **Go to www.irs.gov/FormW8BEN for instructions and the latest information.**
► **Give this form to the withholding agent or payer. Do not send to the IRS.**

OMB No. 1545-1621

Do NOT use this form if:

Instead, use Form:

- You are NOT an individual **W-8BEN-E**
- You are a U.S. citizen or other U.S. person, including a resident alien individual **W-9**
- You are a beneficial owner claiming that income is effectively connected with the conduct of trade or business within the U.S. (other than personal services) **W-8ECI**
- You are a beneficial owner who is receiving compensation for personal services performed in the United States **8233 or W-4**
- You are a person acting as an intermediary **W-8IMY**

Note: If you are resident in a FATCA partner jurisdiction (i.e., a Model 1 IGA jurisdiction with reciprocity), certain tax account information may be provided to your jurisdiction of residence.

Part I Identification of Beneficial Owner (see instructions)

1 Name of individual who is the beneficial owner		2 Country of citizenship	
3 Permanent residence address (street, apt. or suite no., or rural route). Do not use a P.O. box or in-care-of address.			
City or town, state or province. Include postal code where appropriate.		Country	
4 Mailing address (if different from above)			
City or town, state or province. Include postal code where appropriate.		Country	
5 U.S. taxpayer identification number (SSN or ITIN), if required (see instructions)		6 Foreign tax identifying number (see instructions)	
7 Reference number(s) (see instructions)		8 Date of birth (MM-DD-YYYY) (see instructions)	

Part II Claim of Tax Treaty Benefits (for chapter 3 purposes only) (see instructions)

9 I certify that the beneficial owner is a resident of _____ within the meaning of the income tax treaty between the United States and that country.

10 Special rates and conditions (if applicable—see instructions): The beneficial owner is claiming the provisions of Article and paragraph _____ of the treaty identified on line 9 above to claim a _____ % rate of withholding on (specify type of income): _____

Explain the additional conditions in the Article and paragraph the beneficial owner meets to be eligible for the rate of withholding: _____

Part III Certification

Under penalties of perjury, I declare that I have examined the information on this form and to the best of my knowledge and belief it is true, correct, and complete. I further certify under penalties of perjury that:

- I am the individual that is the beneficial owner (or am authorized to sign for the individual that is the beneficial owner) of all the income to which this form relates or am using this form to document myself for chapter 4 purposes,
- The person named on line 1 of this form is not a U.S. person,
- The income to which this form relates is:
 - (a) not effectively connected with the conduct of a trade or business in the United States,
 - (b) effectively connected but is not subject to tax under an applicable income tax treaty, or
 - (c) the partner's share of a partnership's effectively connected income,
- The person named on line 1 of this form is a resident of the treaty country listed on line 9 of the form (if any) within the meaning of the income tax treaty between the United States and that country, and
- For broker transactions or barter exchanges, the beneficial owner is an exempt foreign person as defined in the instructions.

Furthermore, I authorize this form to be provided to any withholding agent that has control, receipt, or custody of the income of which I am the beneficial owner or any withholding agent that can disburse or make payments of the income of which I am the beneficial owner. **I agree that I will submit a new form within 30 days if any certification made on this form becomes incorrect.**

Sign Here ►

Signature of beneficial owner (or individual authorized to sign for beneficial owner) Date (MM-DD-YYYY)

Print name of signer Capacity in which acting (if form is not signed by beneficial owner)