



DEPARTMENT OF PURCHASING & CONTRACT COMPLIANCE

CONTRACT RENEWAL AGREEMENT

DEPARTMENT: Information Technology

BID/RFP NUMBER: 21ITB0929BEC

BID/RFP TITLE: W-2, 1099, and Affordable Care Act Filing, Processing, Printing, and Mailing Services

ORIGINAL APPROVAL DATE: December 15, 2021

RENEWAL EFFECTIVE DATES: January 1, 2025 through December 31, 2025

RENEWAL OPTION #: 3 OF 3

NUMBER OF RENEWAL OPTIONS: 3

RENEWAL AMOUNT: \$40,000.00

COMPANY'S NAME: National Payment, Inc.

ADDRESS: 3415 West Cypress Street

CITY: Tampa

STATE: FL

ZIP: 33607

This Renewal Agreement No. ___ was approved by the Fulton County Board of Commissioners on [Insert approval date and Item Number].

CERTIFICATE OF INSURANCE: The Contractor/Vendor is required to maintain insurance during the entire term of this Agreement, including any contract renewals. Upon request, the Contractor/Vendor must furnish the County a Certificate of Insurance showing the required coverage as specified in the Contract Agreement and any renewals. A current COI must be provided before the commencement of work on this project under this Contract Renewal. The cancellation of any policy of insurance required by this Agreement shall meet the requirements of notice under the laws of the State of Georgia as presently set forth in the Georgia Code.

SIGNATURES: SEE NEXT PAGE

SIGNATURES:

Contractor/Vendor agrees to accept the renewal option and abide by the terms and conditions set forth in the contract and specifications as referenced herein:

FULTON COUNTY, GEORGIA

NATIONAL PAYMENT, INC.

**Robert L. Pitts, Chairman
Fulton County Board of Commissioners**

**Steve Pereira
General Manager**

ATTEST:

ATTEST:

**Tonya R. Grier
Clerk to the Commission**

**Secretary/
Assistant Secretary**

(Affix County Seal)

(Affix Corporate Seal)

AUTHORIZATION OF RENEWAL:

ATTEST:

**Kevin Kerrigan, CIO
Department of Information Technology**

Notary Public

County: _____

Commission Expires: _____

(Affix Notary Seal)

ITEM#: _____ RM: _____ REGULAR MEETING	ITEM#: _____ 2nd RM: _____ SECOND REGULAR MEETING
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CERTIFICATE OF INSURANCE