

Telephone Number

Fax Number

MAIL PROCESSING AGENT NCOA Link® PROCESSING ACKNOWLEDGEMENT FORM (FULL SERVICE PROVIDER PROCESSING ONLY)

PAF ID

The collection of information on this Processing Acknowledgement Form (PAF) is required by the Privacy Act of 1974. The United States Postal Service (USPS®) requires that each NCOA^{Link} Full Service Provider Licensee have a completed NCOA^{Link} PAF for each of their NCOA^{Link} Mail Processing Agents prior to providing the NCOA^{Link} service. The Full Service Provider Licensee is also required by the USPS to retain a copy of the completed form for each of its Mail Processing Agents and to obtain an updated PAF from each of its Mail Processing Agents at minimum once per year. Any signature upon this PAF shall be considered valid for all purposes and have the same effect whether it is an ink-signed original or a photocopy or facsimile representation of the original document.

MAIL PROCESSING AGENT	
Company Name	
Address	
City	State ZIP+4
Telephone Number Fax Number	NAICS
E-mail Address (optional)	USPS Mailer ID (optional)
I, the undersigned, an authorized representative of	
 Agent will not return updated address records to the original owner nor will the updated list be used for any purpose other than for mailing the original mail pieces from the original mailing list owner. Agent must destroy the original and updated mailing list within 30 days from the date the mail pieces are deposited into the mail stream. Agent acknowledges that the USPS has the right to audit and inspect the Agent's processes and procedures pertaining to the NCOA^{Link} service without prior notice. Agent shall not disclose any updated address information to any third parties for any purpose whatsoever. Agent understands that failure to comply with these terms and conditions may result in the loss of eligibility to participate in the NCOA^{Link} Mail Processing Agent Program. 	
Name (Please print)	Title
Signature	Date
Parent Company Name	
FULL SERVICE PROVIDER LICENSEE	
Business Name (Please print)	
Name (Please print)	Title
Signature	Date