

COMPANY AUTHORIZATION FOR ACH SERVICES

Company Name _____ Tax ID _____

Processor Name _____ Tax ID _____

Authorization Agreement:

I hereby authorize the Processor and its ACH Service Provider to debit the Company's account specified below and credit Company's Employees accounts by means of the Electronic Funds Transfer (ACH Transfer). I also authorize Processor and its ACH Service Provider to make deposits to this account in the event that a debit entry is made in error. I guarantee that the company will possess sufficient funds at the account specified below to cover the ACH Transfer amount at least 3 days prior to the ACH Transfer date. Further, if I do not have enough money in my account to cover the transfer or if my Financial Institution for any other reason refuses to honor a transfer I will be electronically debited an additional fee of \$50 as a returned item fee.

This agreement shall remain in effect until Processor receives a written notice of cancellation from me allowing 15 days to process my request.

I certify that I am the owner of the Company or the authorized person, who can sign this Company Authorization Agreement for ACH Services on behalf of the Company. I certify that the following Company's information is accurate and current, and I shall notify Processor immediately of any changes to this information:

Company Name _____

Tax ID: _____

Address (street) _____

Address (city, state, zip): _____

Phone: _____

Fax: _____

Email: _____

Contact Person: _____

Bank Name: _____

Routing Number: _____

Bank Account Number: _____

Signature of the Authorized person for the Company:

Signature: _____

Date: _____

Name: _____

Title: _____

Signature of the Processor:

Signature: _____

Date: _____

Name: _____

Title: _____

Voided Company Check is Attached

