



AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS)

COMPANY NAME: _____ ID#: _____

I (we) hereby authorize Precision Payroll of America, LLC. , hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) account indicated below and the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

DEPOSITORY NAME: _____

BRANCH: _____

CITY: _____ STATE: _____ ZIP: _____

ACCOUNT 1 ACCOUNT 2
ACCOUNT #: _____ ACCOUNT #: _____
TRANSIT/ABA#: _____ TRANSIT/ABA#: _____
TYPE: C S (CHECKING/SAVINGS) TYPE: C S (CHECKING/SAVINGS)
AMOUNT: _____ AMOUNT: _____

This authority is to remain in full force and effect until COMPANY has received written notification from me (either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

NAME(S): _____ ID #: _____
(Please Print)

NAME(S): _____
(Please Print)

SIGNED X _____ DATE: _____

SIGNED X _____ DATE: _____

Please attach a voided check to form.