



## AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS)

Company Name	ID Number
--------------	-----------

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

Depository Name		
Branch		
City	State	Zip Code
Account 1	Account Number	
Account 2	Account Number	
Transit/ABA Number	Transit/ABA Number	
Account Type (Checking or Savings)	Account Type (Checking or Savings)	
Amount	Amount	

This authority is to remain into 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) – Print	ID Number
Signature	Date

Please attach a voided check to form.