

COMPANY AUTHORIZATION FOR ACH SERVICES

Company Name _____

Process Name Bookkeeping Etc., Inc.

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 and Processor monthly fee 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 to cover the transfer or if my financial Institution for any other reason refuses to honor a transfer I will be charge an additional fee of \$100 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 Information:

TAX ID _____

Address (street) _____

Address (city, state, zip) _____

Phone _____

Email _____

Bank Information:

Bank Name _____

Routing Number _____

Bank Account Number _____

Signature of the Authorized person for the Company:

Signature: _____ Date _____

NAME _____ Title _____

Date of Birth _____

Social Security Number _____

VOIDED Company Check is Attached _____