

## Bank Account Authorization Agreement

Payroll Express Company of NC ("SERVICE BUREAU") or its designee is authorized by the undersigned client ("Client") to implement and utilize the debit method (and/or corrections to previous debits) originated by check or electronic fund transfer for purposes of collecting from Client's bank or other financial institution ("Financial Institution Account") identified below (the "Account") for its services and charges consisting of the following:

1. Direct deposit obligations under SERVICE BUREAU or its designee's direct deposit service;
2. Payroll tax obligations under SERVICE BUREAU's tax deposit and filing service; and/or
3. Payment of SERVICE BUREAU's fees for its services.

The Financial Institution is authorized by Client to comply with this authorization and debit the Account in accordance with the debit method originated by check or electronically as if initiated by client. This authorization shall remain in effect until revoked by the undersigned in writing and received by Financial Institution so as to allow a reasonable amount of time for all involved parties to act on it.

Client further agrees that if any debit or charge is dishonored by Financial Institution, whether with or without cause, Financial Institution shall have no liability with respect to such dishonor.

1. Bank Name, City, & State: _____ Routing & Transit Number: _____ Account Number: _____ Principal Officer on Bank Account _____ Principal Officer Soc. Sec. # _____ - _____ - _____ Principal Officer Date of Birth ____ / ____ / _____ <input type="checkbox"/> <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Payroll Taxes <input type="checkbox"/> Service Fees <input type="checkbox"/> Other _____ <input type="checkbox"/>
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2. Bank Name, City, & State: _____ Routing & Transit Number: _____ Account Number: _____ Principal Officer on Bank Account _____ Principal Officer Soc. Sec. # _____ - _____ - _____ Principal Officer Date of Birth ____ / ____ / _____ <input type="checkbox"/> <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Payroll Taxes <input type="checkbox"/> Service Fees <input type="checkbox"/> Other _____ <input type="checkbox"/>
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_____ Printed or Typed Name and Title	_____ Depositor Name as Shown on Bank Records
_____ Signature (must be authorized to sign on the accounts noted above)	_____ Date
<b>If this agreement cannot be honored, please immediately contact John Thomas at (866) 848-5916.</b>	