

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS AUTOMATED CLEARING HOUSE DEBITS

Client Name:		Location/# (if you are using multiple debit accounts):	
I hereby authorize ProService, hereinafter called COMPANY, to initiate debit entries to my Checking account indicated below at the depository named below, hereinafter called DEPOSITORY, to debit the same to such account.			
Depository Name:			
Branch:	City:	State:	
Routing Number:		Account Number:	
This authorization is to remain in full force and effect until COMPANY has received written notification from me, of its termination in such time and in such manners as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it. These transactions are for Payroll Wages, Workers' Compensation, TDI, Service Fees, Medical, Cafeteria Plan Premiums, and any other related payroll expenses.			
Name:		Title:	
Signature:		Date:	
Name:		Title:	
Signature:		Date:	

NOTE: ALL WRITTEN DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THIS AUTHORIZATION.

**FAX COMPLETED FORMS TO 888-783-8333
QUESTIONS? CONTACT THE HR CENTER AT 888-892-8878**