

ACH Authorization



Client Legal Name: _____ FEIN: _____

Sign two times for each signature using a felt tipped pen. **Keep signature within the box.**

Signature 1

Signature 2 (if checks require two signatures)

CLIENT authorizes PrimeX Human Resources as its payroll processor or its Agent(s) to initiate debit entries for collection of a) Payroll Tax obligations, b) Applicable Payroll Service fee. Such entries will be debited out of the client's current payroll account or the account indicated by the sample VOIDED CHECK below, as provided by the CLIENT. If for any reason this account should change, the CLIENT agrees to provide the new account information to Atlas Accounting in timely manner.

(Attach VOIDED CHECK here)

This account will be used as the funding account for all payroll transactions.

This authorization is to remain in full force and effect until PrimeX Human Resources has received written notification of termination in such a time and manner as to afford PrimeX Human Resources and Financial Institutions a reasonable opportunity to act on it. CLIENT also agrees to hold harmless by third parties involved in the payroll processing process (such as the bank or other third parties) for any damages resulting from transactions initiated by the CLIENT or PrimeX Human Resources on the CLIENT'S behalf. In the event your charges for fees or Direct Deposits are not honored by your bank you will be charged additional fees per transaction.

I hereby certify that I am a signatory to this account and I have the authority to execute this agreement.

Authorized Client Signature: _____ Date: _____

Print Name: _____ Title: _____