



Authorization for Automatic Payment

Automated Clearing House Debit, ACH

Company Name:

Address:

City: State: ZIP:

I/We hereby authorize National PEO to initiate debits (and/or corrections to previous debits) to the Financial Institution below, to charge the amount thereof (not to exceed \$ _____) to my/our account indicated below:

Checking Account OR Savings Account

Routing# Account# Fractional Transit#

Financial Institution:

Address:

City: State: ZIP:

Please attach a voided check for the account being used.

PLACE VOIDED CHECK HERE

This authority is to remain in full force and effect until you have received written notification from me (or another authorized signer) of its termination.

****NOTE** All ACH's are forwarded electronically to our financial institution which processes it through the clearinghouse of the Federal Reserve Bank; your bank then debits your account. It is your responsibility to verify that the appropriate debit occurred.**

Signature Date

Print Name Title

CONFIDENTIAL INFORMATION

The information in this document is intended for **CLIENT ONLY**. Please do not distribute or share this information with any other parties without prior authorization by **National PEO**.