

Authorization for Automatic Payment



Company Name:

Employee Name: _____ Social Security Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

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

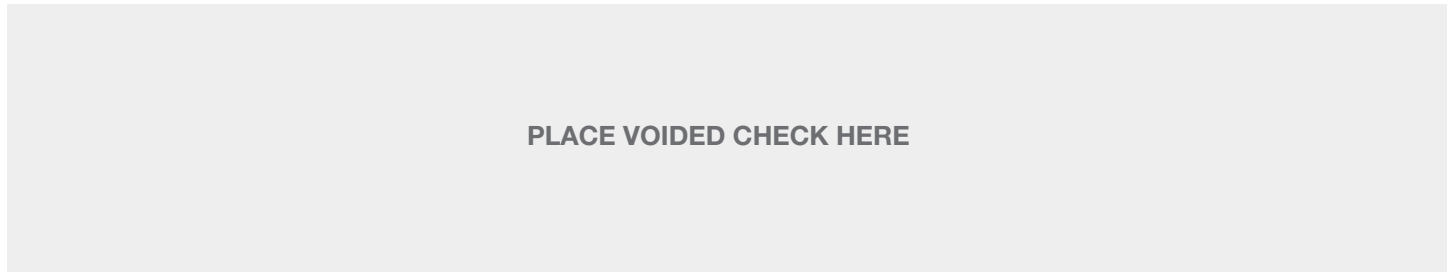
Routing #: _____ Account #: _____ Fractional Transit#: _____

Financial Institution: _____

Address: _____

City: _____ State: _____ Zip: _____

Please attach a voided check for the account being used.



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.

Employee's Signature: _____

Date: _____

Employee 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.