



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

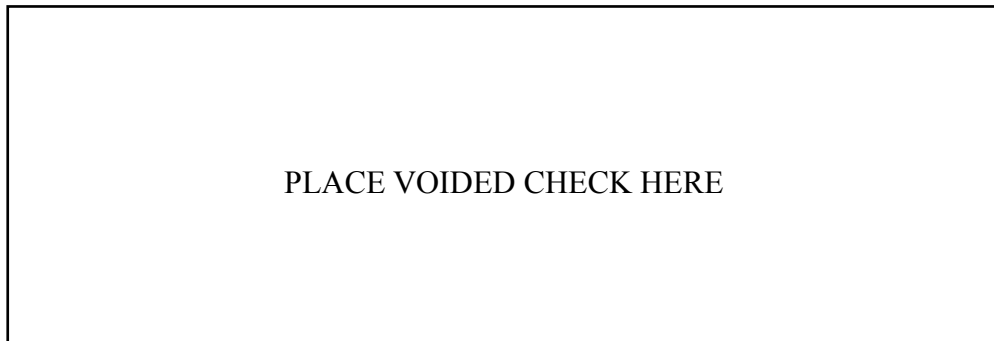
Financial Institution Name: _____

Address: _____

City: _____ State: _____ Zip: _____

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

Please attach a voided check below 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.

** 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.**

By Signing below, I (we) acknowledge that I (we) have read and agree to the information contained above.

Signature: _____ Date: _____

Print Name: _____ Title: _____

CONFIDENTIAL INFORMATION - The information provided 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**.

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