

Employer Form

AUTHORIZATION AGREEMENT FOR PAYROLL DIRECT DEPOSIT

Company Name _____ Federal ID No. _____

I (we) hereby authorize **X-Act Computer Service Inc.** to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our) checking account at the depository named below.

(BANK NAME)

DEPOSITORY NAME _____

TRANSIT/ABA NO. _____ ACCOUNT NO. _____

In addition, I (we) hereby authorize **X-Act Computer Service Inc.** to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to individual employee accounts as designated by me (us). I (we) will supply **X-Act Computer Service Inc.** with copies of individual employee authorization forms and sample checks to designate the appropriate accounts, as well as appropriate information at each payroll run to designate the times and amounts of such transactions.

This authority is to remain in full force and effect until **X-Act Computer Service Inc.** has received written notification from me (or either of us) of its termination in such time and in such manner as to afford **X-Act** and the depository named above to act upon it.

Name (print) _____

Title _____

Signature _____ Date _____