Reset Form

# ACH DEBIT AUTHORIZATION

## 1) Client Information

**Client Name**_____

I hereby authorize Professional Employer Services to initiate automatic ACH debits from my business checking account indicated below. I also request the financial institution named below, to debit my account.

This authorization is for all future pay dates once the initial setup is complete. I also understand that Professional Employer Services is providing the service as a benefit, and will not be required to offer the service if it is necessary to cancel the program for whatever reason.

I understand that I will receive billing information from Professional Employer Services explaining the net payment amount.

## 2) Financial Information

Bank Name_____

Branch_____

Bank Phone Number_____

City/State/Zip_____

## 3) Account Numbers

Transit Routing Number ☐☐☐☐☐☐☐☐☐ (Must be 9 Digits)

Business Checking Account Number _____

## 4) Sign, date, attach voided check(s) and return completed authorization form to your payroll contact.

I have provided a cancelled check or photocopy of a check (NOT a deposit slip) for verification of the account information. I understand that if I change my account status, it may cause my automatic withdrawal to be delayed or returned as unprocessed by my financial institution. I agree that it is my responsibility to notify Professional Employer Services that I have made a change and I agree to wire funds or present a cashiers' check until the changes can be made effective.

In the event an ACH debit is returned for insufficient funds or other reason, I understand that ACH debit will no longer be a payment option for my company. I will pay a returned item fee, as well as remit payments for all future invoices using either wire funds or a cashier's check.

This agreement is to remain in effect until Professional Employer Services has received written notification from me of its termination in such time and in such manner as to afford reasonable time to act on it.

**Signature**_____ **Date** ____/____/____

A COPY OF A **VOIDED CHECK** MUST BE ATTACHED