

ABCO Payroll Services®

EMPLOYEE AUTHORIZATION AGREEMENT FOR ACH TRANSACTIONS

I hereby authorize Infinisource Inc. DBA ABCO Payroll Services Inc., acting in behalf of my employer, to initiate credit entries, and if necessary, debit entries and adjustments for any credit entries in error to either my CHECKING or SAVINGS account indicated below, hereinafter called BANK, to credit or debit the same to such account. Payments will be accepted by Electronic Funds Transfer (National Automated Clearing House Only). If EFT is not available, non-signed paper items will be accepted.

Employer _____

ACCOUNT INFORMATION

Account Type Checking _____ Savings _____

Bank Name _____ Bank Contact _____ Phone# _____

Bank Address _____

City _____ State _____ Zip _____

Bank# (TRANSIT/ABA) _____ DDA Account # _____

This authority is to remain in full force and effect until BANK has received written notification from me of its termination in such time and in such manner as to afford BANK and ABCO Payroll Services Inc., a reasonable opportunity to act on it.

DEPOSIT INFORMATION

Deposit Options Net Pay _____ OR Fixed Dollar Amount _____ Cancel Direct Deposit _____

Print Employee Name

Social Security Number

Signed

Date

ATTACH VOIDED CHECK