



CLIENT AUTHORIZATION AGREEMENT FOR DEBIT CHECK/ACH TRANSACTIONS

As a Client of Infinisource Inc., I hereby agree and authorize the following:

1. Infinisource Inc. to initiate debit or credit entries to my DDA account listed below for the applicable charges related to the services provided by Infinisource Inc.
2. CLIENT will have available on deposit in clients DDA account with BANK sufficient amounts to honor the Debit Check or Electronic Funds Transfer initiated by Infinisource Inc.
3. CLIENT understands that the processing dates for payments accepted for EFT will be in accordance with ACH rules in force at the time initiated.
4. CLIENT agrees that their BANKS treatment of any charge and the BANKS right to respect it, shall be the same as if the entry were initiated personally by the CLIENT. If any charge is dishonored, whether with or without cause, neither BANK nor Infinisource Inc., will be under any liability whatsoever.
5. Payments will be accepted by Electronic Funds Transfer (National Automated Clearing House). If EFT is not available, non-signed paper items will be accepted.

Bank Name _____ Bank Contact _____ Phone# () - _____

Bank Address _____ City _____ State _____ Zip _____

Client Name _____

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, a reasonable opportunity to act on it.

CLIENT Signature _____ Title _____ Date _____

IMPORTANT: Must be authorized signer on bank account listed above.

Print Clients Name _____

IMPORTANT: SEND A VOIDED CHECK

3800 26th Street West
Bradenton, Florida 34205-3508