

**AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS
BUSINESS OWNER**

Company Name _____ Company ID Number _____

I hereby authorize Accurate Financial Services, Inc. (Payroll Processing Company), to initiate debit entries including: Payroll Check Withdrawals, 940/941 Payments, State Withholding Payments, Unemployment Taxes, and Payment to Accurate Financial Services, Inc. for services, electronically, as needed (i.e. weekly, bi-weekly, monthly, quarterly), from my Checking Account indicated below at the financial institution named below, hereafter-called Bank, and to debit the same to such account. I acknowledge the origination of transactions to my account must comply with the provisions of the U.S. Laws.

Bank Name _____ Branch _____

City _____ State _____ Zip _____

Routing Number _____ Account Number _____

This authorization is to remain in full force and effect until Accurate Financial Services, Inc. has received written notice from me of its termination in such time and in such manner as to afford AFS, Inc. and Bank a reasonable opportunity to act on it.

Names(s) _____ Company ID Number _____

Date _____ Signature _____

** To avoid further charges and penalties by the federal, state or local government, the client should notify AFS, Inc. if funds are not available at any given time.