

# Bank Account Authorization Agreement

Premier Payroll Processing, Inc. ("SERVICE BUREAU") or its designee is authorized by the undersigned client ("CLIENT") to implement and utilize the debit method (and/or corrections to previous debits) originated by check or electronic fund transfer for purposes of collecting from CLIENT'S bank or other financial institution ("FINANCIAL INSTITUTION ACCOUNT") identified below (the "ACCOUNT") for its services and charges consisting of the following:

1. Direct deposit obligations under SERVICE BUREAU or its designee's direct deposit service;
2. Payroll tax obligations under SERVICE BUREAU's tax deposit and filing service;
3. Business tax deposit obligations for SERVICE BUREAU's business tax depositing service;
4. Payment of SERVICE BUREAU's fees for its services; and/or
5. Payroll obligations for SERVICE BUREAU's official bank check service.

The Financial Institution is authorized by CLIENT to comply with this authorization and debit the Account in accordance with the debit method originated by check or electronically as if initiated by client. This authorization shall remain in effect until revoked by the undersigned in writing and received by Financial Institution so as to allow a reasonable amount of time for all involved parties to act on it.

Client further agrees that if any debit or charge is dishonored by Financial Institution, whether with or without cause, Financial Institution shall have no liability with respect to such dishonor.

1. Bank Name, City, & State: _____ Routing & Transit Number: _____ Account Number: _____ <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Payroll Taxes <input type="checkbox"/> Monthly Lease <input type="checkbox"/> Service Fees <input type="checkbox"/> Official Bank Checks <input type="checkbox"/> Other _____
2. Bank Name, City, & State: _____ Routing & Transit Number: _____ Account Number: _____ <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Payroll Taxes <input type="checkbox"/> Monthly Lease <input type="checkbox"/> Service Fees <input type="checkbox"/> Official Bank Checks <input type="checkbox"/> Other _____
3. Bank Name, City, & State: _____ Routing & Transit Number: _____ Account Number: _____ <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Payroll Taxes <input type="checkbox"/> Monthly Lease <input type="checkbox"/> Service Fees <input type="checkbox"/> Official Bank Checks <input type="checkbox"/> Other _____

_____ Printed or Typed Name and Title	_____ Depositor Name as Shown on Bank Records
_____ Signature (must be authorized to sign on the accounts noted above)	_____ Effective Date

**If this agreement cannot be honored, please immediately contact us at (315) 282-0257.**

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**ATTACH VOIDED CHECK(S)**