FUNDING AUTHORIZATION AGREEMENT

Company Name_____ EIN #_____

Bank Name_____

Branch Address_____

Branch Contact_____Phone #_____

Bank Routing Number (9-digit ABA#)_____

Bank Account #_____

Bank is hereby authorized and instructed to honor charges to Client's DDA (Demand Deposit Account) for payroll tax liabilities, employee paychecks and/or direct deposits, processing fees and if necessary, adjustment entries, which will be initiated by PaySource, Inc. If bank does not or cannot honor such charges or if bank is contacted by Client regarding any authorized deductions, including electronic deductions, bank is additionally instructed to contact PaySource, Inc. immediately at 760-738-7337 and notify PaySource, Inc. of the circumstances.

Attach a voided check below. Make sure the check matches the account number listed above and that this is the account from which direct deposit and/or tax payments are made.

ATTACH VOID CHECK HERE

Client hereby agrees to terms described in this agreement. This authorization shall remain in effect until revoked in writing by Client.

_____ _____

Authorized by (as shown on bank records) Date

_____ _____

Authorized Name (please print) Date

362 W. Mission Ave., Suite 203
Escondido, CA 92025
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www.paysource.com