



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 instructed to contact PaySource, Inc. immediately at 760-738-7337 and notify PaySource, Inc. of the circumstances. In addition, PaySource, Inc. is also authorized to confirm and obtain financial information for ACH verification purposes on the above listed Company.

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

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