Bank Authorization Agreement

Bank		**Client**	
Branch		**Name @ Bank**	
Branch Address		**DBA**	
		Address	
Phone			
ABA Routing		**Account #**	

Bank is hereby authorized and instructed to honor debits and credits to client's demand deposit account for any federal, state, and/or local payroll tax liabilities and any payroll service fee charges initiated by Integrated Employer's Solutions, LLC.. The total tax liability and the service fee for each payroll will be debited from the designated account on the payroll check date.
If a debit is returned as NSF (non-sufficient funds) for any reason, client will be billed by Integrated Employer's Solutions, LLC., in addition to any bank charges, $100.00 for tax debit and/or $35.00 for service fee debit. In addition, Integrated Employer's Solutions, LLC.. will not warrant that deposits to any taxing authority will be made in a timely manner when an NSF arises. By signing below, client agrees to the terms set forth herein. This authorization shall remain in effect until revoked in writing by client.

Attach Voided Check to this Page

Signature of Client/Authorized Representative	**Print Name and Title**	**Date**

Signed-checks

Signed-checks issues payroll checks drawn against the account designated above and therefore requires your authorized signature(s). **Use Black Ink Only.** Signature(s) must be completely within the box. If the signature crosses outside any part of the box, it cannot be scanned for use on your payroll checks.

Please sign you name within the boxes below/on the left. Your signature cannot touch any part of the box. Thank you

Single Signature

Double Signature