



The Professional Payroll People

# Authorization for Automatic Payment

*Automated Clearing House Debit, ACH*

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I, (We) hereby authorize PROPAY to initiate debits (and/or corrections to previous debits) to the Financial Institution below, to charge the amount thereof (not to exceed \$ \_\_\_\_\_) to my (our) account indicated below.

Checking Account      **OR**      Savings Account

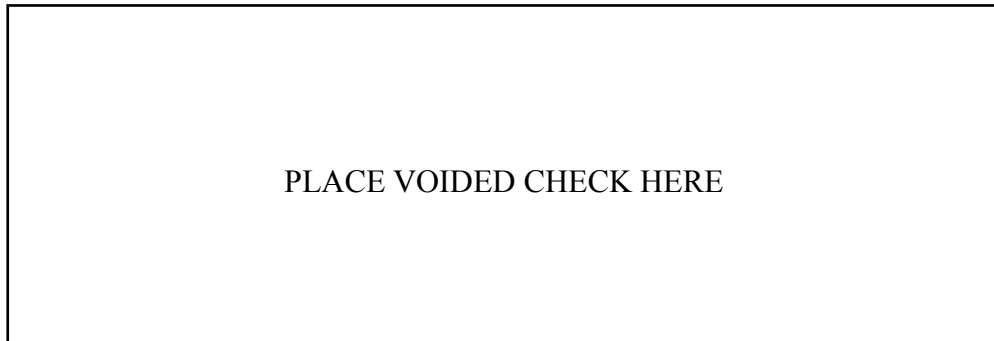
Financial Institution Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Routing #: \_\_\_\_\_ Account #: \_\_\_\_\_ Fractional Transit #: \_\_\_\_\_

Please attach a voided check below for the account being used.



This authority is to remain in full force and effect until you have received written notification from me (or another authorized signer) of its termination.

\*\* All ACH's are forwarded electronically to our financial institution which processes it through the clearinghouse of the Federal Reserve Bank; your bank then debits your account. **It is your responsibility to verify that the appropriate debit occurred.**

**By Signing below, I (we) acknowledge that I (we) have read and agree to the information contained above.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

**CONFIDENTIAL INFORMATION** - The information provided in this document is intended for **CLIENT** only. Please do not distribute or share this information with any other parties without prior authorization by **PROPAY**.

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**www.professionalspayrolls.com**