

Local: (207) 783-6880 • Toll Free: 1-800-734-6880 • Fax: (207) 753-0484 • www.payrollmgt.com

CLIENT AUTHORIZATION AGREEMENT PAYROLL AND PAYROLL TAX PROCESSINGCLIENT _____
(Depositor as shown on bank records)

CLIENT ADDRESS _____

BANK _____ ACCT. # _____

COMPLETE
BRANCH ADDRESS _____
Street/City/State/ZIP (Where Depositor maintains account)

BANK is hereby authorized and instructed to honor charges to CLIENT'S DDA (demand deposit account) for payroll, payroll tax liabilities and processing fees which charges will be initiated by PAYROLL MANAGEMENT INC. (P.M.I.) 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 P.M.I. immediately at (207) 783-6880 and notify P.M.I. of the circumstances.

The frequency and amount of charges shall be determined from information furnished by or on behalf of the Client as described on the CLIENT INFORMATION/TERMS AND CONDITIONS on file with P.M.I. for Client. Client consents to all terms and conditions contained in said CLIENT INFORMATION/TERMS AND CONDITIONS.

In consideration of BANK's compliance with this authorization and instruction, Client agrees that treatment of such charges and BANK's rights in respect to it shall be the same as if the charges were signed personally by Client and that BANK shall not be responsible for the frequency nor amounts of such charges.

Client will provide P.M.I. a voided check or deposit slip for the DDA indicated.

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

Authorized Signature
as shown on bank records_____
Printed Name_____
Date

**Client please attach a copy of check or voided check.*