PAYROLL
MANAGEMENT, INC.

500 Center Street
P.O. Box 1837
Auburn, ME 04211-1837

Phone: (207)783-6880 · Toll Free: (800)734-6880 · Fax: (207)753-0484 · www.payrollmgt.com

CLIENT AUTHORIZATION AGREEMENT PAYROLL AND PAYROLL TAX PROCESSING

CLIENT:_____
(Depositor as shown on bank records)

CLIENT ADDRESS: _____
(Street, City, State, Zip Code)

BANK ROUTING #: _____**BANK ACCT #**_____

COMPLETE BANK BRANCH ADDRESS:_____
(Street, City, State, Zip Code 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 letter from the BANK 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 voided check or letter from BANK