



Electronic Debit Authorization

Client Name:	
DBA:	
Address:	
Bank Name:	
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, payroll and any authorized payroll service charges initiated by Choice Payroll, Inc. The total tax liability, payroll and/or the service fee for each payroll will be debited from the designated account two business days prior to the check date. If a debit is returned as NSF (non-sufficient funds) for any reason, client will be billed by Choice Payroll, Inc, in addition to any bank charges, \$200.00 for tax debit. In addition, Choice Payroll, Inc 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 Here

(Or as separate attachment)

Authorized Signature: _____ **Date:** _____

Print Name & Title: _____