CLIENT AUTHORIZATION TO COLLECT FEES VIA ACH

COMPANY NAME: _____

Account

Bank Name
Bank Address
Bank City, State & Zip
Routing & Transit No. ⑆ ⑆
Account No.

Staple Voided Check Here

Client agrees to authorize Digit Payroll Corporation to initiate the direct debit of the above account through the ACH for the purpose of paying all fees due to Digit Payroll Corporation for services rendered.

Client agress to maintain sufficient funds in above account to cover said fees. If Digit Payroll Corporation is unable to collect said fees, client will be responsible for insufficient funds charges incurred by Digit.

Client agrees that debits will be made on check date with each payroll run.

This authorization shall remain in effect until it is cancelled by either party in writing.

_____ _____

Client Signature **Date**