

Signature Staff Resources, LLC

AUTHORIZATION AGREEMENT Automatic Drafts (ACH Credits/Debits)

I hereby authorize Signature Staff Resources, LLC, hereinafter called Company, to initiate credit or debit entries and adjustments for any credit/debit entries in error to my checking or savings account indicated below and the depository named below, hereinafter called Depository, to credit and/or debit the same to such account.

Depository Name _____

Branch _____

City, State, Zip _____

Transit / ABA No. _____

Account Number _____ Check one: Checking
 Savings

This authority is to remain in full force and effect until Company has received written notification from me of its termination in such time and in such manner as to afford Company and Depository a reasonable opportunity to act on it.

Client Company _____

Print Name _____ Tax ID: _____

Authorized Signature _____ Date _____
(Must be a signatory on account)

***(Please attach a voided check, NOT a deposit slip. Deposit slips often reflect internal bank data only)**