

SUNWEST EMPLOYER SERVICES INC.

COMPANY AUTHORIZATION AGREEMENT FOR ACH BILLING

COMPANY Name: _____ CO# _____

I hereby authorize and request Sunwest Employer Services Inc. ("Sunwest") to directly withdraw funds from the COMPANY listed above via Automated Clearing House ("ACH"). The purpose of the debit will be to satisfy any Sunwest invoices or debt owed to Sunwest by the COMPANY or take advance payment on expected debt thereof. I also authorize and request COMPANY to effect subsequent adjustment debits or credits to correct any errors in billing amounts to COMPANY. Sunwest will initiate ACH debit entries to the COMPANY account indicated below in the bank named below ("BANK"), hereinafter called BANK. I authorize and request BANK to accept any debit entries initiated by Sunwest to such account or credit the same to such account without responsibility for the correctness thereof.

I authorize Sunwest to debit the Company account one business day prior to the check date of payroll for employees working at the COMPANY. Should any employees working at the COMPANY be paid through direct deposit, I authorize Sunwest to debit the COMPANY account one business day prior to the check date of said payroll. I recognize that the sole notification of such debit entry will be in the form of a forwarded copy of the Sunwest invoice to the COMPANY within one business day after the effective date of the ACH debit.

It is understood that this agreement may be terminated by me at any time by written notification to Sunwest provided that the COMPANY does not have an outstanding debt to Sunwest. Any notification to Sunwest shall be effective only with respect to entries initiated by Sunwest after receipt of such notification and a reasonable opportunity to act on it.

I recognize, acknowledge and accept that this service is being provided for my convenience. As such, I agree to hold Sunwest, each participating Bank and NACHA harmless from any claim incident to the operation of this plan arising from any act or omission by Sunwest including, without limitation, a rejection of any debit or check from COMPANY account due to insufficient funds resulting from a debit generated by Sunwest. Should a debit to my account be rejected due to insufficient funds, I agree to reimburse Sunwest via certified funds the original debit amount plus a service fee of \$30.00 immediately upon notification of the NSF and prior to Sunwest releasing the payroll to COMPANY.

PLEASE ATTACH A VOIDED CHECK TO THIS AGREEMENT

Bank Account Name: _____ Checking Account #: _____

Authorized COMPANY Representative: _____

Please Print Name

Authorized COMPANY Representative Title: _____

Please Print Title

Signature: _____ Date: _____

mm/dd/yy



New Client Package Rev. 051605

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