

**Employee Authorizations**  
**Automatic Debit and Credit Agreement**  
**For Electronic Funds Transfers**

Payroll Solutions, Inc  
781 S. Midlothian Rd.  
Suite #322  
Mundelein, IL 60060  
Phone 847-526-9774  
Fax 847-526-9778

I hereby authorize on this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, Payroll Solutions, Inc. and \_\_\_\_\_ to initiate electronic debit and/or credit entries to the bank account shown below for an allocated amount. I understand that adjustment entries may be made to this account to insure an accurate and balanced accounting (debits and credits must balance) of all transactions. This authorization will remain in effect until;

- a) I notify my bank and the above named Company in writing to terminate this agreement and give the bank and above named Company reasonable time to so terminate this agreement.
- b) The Bank and/or the above named Company have sent me five (5) business days advance written notice of the Bank's and/or Company's termination of this Agreement.

I understand that any cancellation in writing will become effective earlier than 5 business days after the day the last transaction has cleared and there are no outstanding balances to the account.

I UNDERSTAND THAT PAYROLL SOLUTIONS, INC. IS NOT A LENDER AND FURNISHES NO FINANCIAL ACCOMMODATIONS TO ITS CUSTOMERS OR CUSTOMER'S EMPLOYEES. ALL MONEY TO BE TRANSFERRED AS PAYROLL OR ANY OTHER FORM MUST BE COLLATERALLY FUNDED AND FULLY GUARANTEED BY COMPANY. IF COMPANY'S DEBIT FOR THE DIRECT DEPOSIT OF PAYROLL IS RETURNED FOR ANY REASON AND PAYROLL SOLUTIONS, INC. HAS CREDITED MY ACCOUNT, I AUTHORIZED PAYROLL SOLUTIONS, INC. TO DEBIT MY ACCOUNT FOR AN EQUAL AMOUNT OF THE PAYROLL IN QUESTION AND GUARANTEE FUNDS AVAILABILITY. I WILL TREAT THE TRANSACTION AS A BOUNCED CHECK AND TRY TO COLLECT MY PAYROLL DIRECTLY FROM THE COMPANY.

**Electronic Funds Transfer (15 U.S.C. 1693):** I hereby acknowledge receipt of notice by the financial institution described here within of the undersigned's liability for an unauthorized electronic fund transfers, duty to promptly report such unauthorized transfers, charges for electronic fund transfers, the right to stop payment of pre-authorized electronic fund transfers, procedure to initiate such stop payments orders, the right to receive documentation of electronic fund transfers, and the Bank's liability pursuant to the Electronic Funds transfer Act found at 15 U.S.C. 1693, et al.

**Limitation of Action:** The undersigned acknowledges that it has 60 days from the date of a withdrawal or deposit to the undersigned's account to dispute the withdrawal or deposit by the undersigned contacting my employer and Payroll Solutions, Inc. by telephone and later supplemented in writing, or in writing of any discrepancies, errors or disputes concerning any transfer of funds to or from any account processed by Payroll Solutions, Inc. This will include but not limited to, errors in amounts, erroneous transactions, or other transactions processed. All written notices must include the following information:

- a) The name of the company with whom the undersigned authorized the transaction, i.e., employer and/or third party;
- b) Federal Taxpayer ID number of the company authorized to make the transaction;
- c) Federal Taxpayer ID number of the undersigned;
- d) The name of the undersigned;

- e) The name, account number and ABA number of the transaction in question;
- f) The dollar amount of the transaction in question; and
- g) Description of the error and explanation of the error.

Your employer or Payroll Solutions, Inc. will inform you of the results of their investigation within ten (10) days of the receipt of the complaint and will correct any error promptly. If your employer or Payroll Solutions, Inc. need more time, I understand that Payroll Solutions, Inc. may take up to 45 days to investigate the undersigned's complaint. For transfers initiated outside the United States or transfers resulting from point of sale or debit/access cards, the time periods for resolving errors will be 45 days and 90 days respectively.

\_\_\_\_\_  
Undersigned's Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Financial Institution

\_\_\_\_\_  
Branch

\_\_\_\_\_  
City, State Zip

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Routing Number (ABA – 9 Digits)

\_\_\_\_\_  
Account Number

Checking \_\_\_\_\_ or Savings \_\_\_\_\_

Fixed Amount: \_\_\_\_\_ or Percentage: \_\_\_\_\_

\_\_\_\_\_  
Routing Number (ABA – 9 Digits)

\_\_\_\_\_  
Account Number

Checking \_\_\_\_\_ or Savings \_\_\_\_\_

Amount: \_\_\_\_\_ or Percentage: \_\_\_\_\_

\_\_\_\_\_  
Undersigned Signature

\_\_\_\_\_  
Social Security Number

\*Please attach a voided personal check for verification of all checking account information.