

**AUTHORIZATION AGREEMENT  
AUTOMATIC DEPOSITS  
(ACH CREDITS)**

I (we) hereby authorize Quantum Payroll Systems Inc., hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to credit the same to such account I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

\* \_\_\_\_\_  
(Company Name)

\* \_\_\_\_\_  
(Financial Institution Name) (Branch)

\* \_\_\_\_\_  
(Address) (City/State) (Zip)

\* \_\_\_\_\_ \* \_\_\_\_\_  
(Routing Number) (Account Number)

\* Type of Account: \_\_\_\_\_ Checking \_\_\_\_\_ Savings \_\_\_\_\_ Net Pay or \_\_\_\_\_ Fixed Amount

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

\* \_\_\_\_\_  
(Print Individual Name)

\_\_\_\_\_  
(Company Name)

\_\_\_\_\_  
(Print Individual ID Number)

\* \_\_\_\_\_  
(Account Holder Name)

\* \_\_\_\_\_  
(Signature)

\* \_\_\_\_\_  
(Account Holder Signature)

\* \_\_\_\_\_  
(Date)

\* \_\_\_\_\_  
(Date)

**A VOIDED CHECK IS REQUIRED TO PROCESS DIRECT DEPOSIT.  
PLEASE ATTACH VOIDED CHECK TO FORM BELOW.**

\* Please note that it takes a minimum of 10 business days from your next check date to pre-note your account. Direct Deposit should go into effect once the pre-note process is completed successfully.