

## Authorization for Payroll Related Electronic Payments

I understand and accept the following conditions in relation to direct deposit and/or electronic tax payments from my payroll account:

1. In the case where the payroll provider is unable to withdraw from my bank account to cover direct deposit paychecks and/or electronic tax payments, I agree that I am financially responsible for paying the amount due, plus any related processing fees, collection fees or similar charges.
2. I allow the payroll service provider to perform business credit checks for my company.

Business Name: \_\_\_\_\_

Client Name (written): \_\_\_\_\_

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_