

Client Company Name: _____ Tax ID#: _____

Client ID#: _____

I (We) hereby authorize FrankCrum to initiate debit entries, credit entries and adjustments for any debit entries made in error, and make any bank-initiated changes to routing or account numbers to my (our) Checking or Savings (Select ONE) indicated below and the financial institution named below, to debit and/or credit the same to such account.

Account Type: Checking Savings

Financial Institution:		Branch:
City:	State:	Zip Code:
Routing Number* (9 digits):	Account Number:	

This authority shall remain in full force and effect until FrankCrum has received written notification from me (us) of its termination in such time and in such manner as to afford FrankCrum and the financial institution named above a reasonable opportunity to act upon it. This method of payment is subject to prior approval. I (We) understand that FrankCrum may revoke approval for this method of payment at the first occurrence of a returned payment or non-sufficient funds (NSF) and FrankCrum's notice to me (us) of same. Should this occur, I (We) understand and agree that all payments shall be remitted to FrankCrum with guaranteed funds. I (We) further understand and agree that should a returned payment or NSF occur, I (We) will be subject to the following administrative fee structure:

- For payrolls amounting to **less than \$2,500**, the first returned payment/ NSF is waived if paid in whole by close of the very next business day, and thereafter is **\$200 per occurrence**.
- For payrolls amounting to **less than \$5,000**, the first returned payment/ NSF is waived if paid in whole by close of the very next business day, and thereafter is **\$350 per occurrence**.
- For payrolls amounting to **less than \$10,000**, the first returned payment/ NSF is waived if paid in whole by close of the very next business day, and thereafter is **\$500 per occurrence**.
- For payrolls amounting to **more than \$10,000**, the returned payment/NSF charge is **\$500 for the first occurrence** (or we will waive this fee if you opt to switch to wire payments. If you opt to switch, we will not review your account again for 90 days at which point you must request your account to be reviewed to move back to direct debit), and the returned payment/ NSF charge for every occurrence thereafter is **\$1,000 per occurrence**.

Name (please print): _____

Name (please print): _____

(Two names are required for accountants in joint names):

Signature: _____

Title: _____ Date: _____

Signature: _____

Title: _____ Date: _____

(Two signatures are required for accountants in joint names)

IMPORTANT: Please attach a voided check from the bank account designated by you.


Bank Routing No. Bank Account No. Check No.

INTERNAL USE ONLY

Verified by:	Date:
Processed by:	Date: