



Electronic Funds Transfer Authorization Form

(Debit Entries)

I/We hereby authorize Quality Payroll & Benefits, Inc., hereafter
(Company Name)

referred to as "Company" and the financial institution named below. To begin automatic payments for my account as listed below. Terms, amounts, and fees (if applicable) are listed below. This authority will remain in effect until I/we give reasonable notice to Company to terminate this authorization.

Name(s): _____

Address: _____

City, State, Zip: _____

Work Phone #: _____

EIN or Social Security # (if used): _____

Name of Bank or Financial Institution: _____

Bank or Financial Institution's ABA # (Routing #): _____

Account # _____ Checking Savings

Authorized Client Signature(s): _____

Signed and Dated: _____

Please transfer (amount) \$ _____

Frequency: () Monthly () Bi-Monthly () One Time Only () Other

On the _____ day of each month, beginning on _____
and continuing until further notice.

Fees: () Fees charged to the Customer (added to above the transfer amount)

() Fees to be charges to the Company (deducted from credit amount)

Voided Check