

## Authorization Agreement for Automatic (ACH) Debits

Client Name: \_\_\_\_\_

Address: \_\_\_\_\_

Client/Division Number: \_\_\_\_\_

*Client hereby Interlogic Outsourcing, Inc. to initiate debits to cover obligations incurred for Client's payroll tax filings and for invoice obligations due IOI. It is agreed debits for each IOI invoice shall occur one day following the processing entry date and debits for payroll ACH and tax filings shall occur one day prior to check or disbursement date.*

*Client further authorizes IOI to initiate, if necessary, credit or debit entries intended to correct errors made to any prior debits or credits to Client's accounts or cover any non sufficient fund returns. This authorization applies to the following depository accounts.*

**Authorization Agreement for Payroll ACH Debits:** Yes  No

Depository Name \_\_\_\_\_

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

Checking  Savings (Indicate type of account)

Transit/ABA Number \_\_\_\_\_ Account Number \_\_\_\_\_

**Authorization Agreement for Tax Filing Debit:** Yes  No  Same as payroll ACH

Depository Name \_\_\_\_\_

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

Checking  Savings (Indicate type of account)

Transit/ABA Number \_\_\_\_\_ Account Number \_\_\_\_\_

**Authorization Agreement for Invoice Debit:** Yes  Same as payroll ACH

Depository Name \_\_\_\_\_

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

Checking  Savings (Indicate type of account)

Transit/ABA Number \_\_\_\_\_ Account Number \_\_\_\_\_

*This authority is to remain in full force and effect until notified by Client or IOI of termination or revocation.*

By: \_\_\_\_\_  
 (Signature of Authorized Officer)

Please Print: \_\_\_\_\_ Date: \_\_\_\_\_

(Name and Title of Authorized Officer)

FOR IOI USE ONLY	Date:	By:
Form Received		
Pre-notification Sent		
ACH Maintenance Completed		
Termination/Revocation		