



**AUTHORIZATION AGREEMENTS FOR PRE-AUTHORIZED PAYMENTS  
(ACH DEBITS)**

I authorize the above named Davis Payroll Processing, Inc. to initiate the account indicated below as follows:

1. They may initiate **Debit** entries, which removes money from my account, for payments I owe. According to the schedule and other conditions to which Davis Payroll Processing, Inc. and I have agreed.
2. They may initiate **Credit** entries to reverse any transaction they have originated to my account in error.

Company Name: \_\_\_\_\_

Federal Id#: \_\_\_\_\_

Name of Depository/Financial Institution: \_\_\_\_\_

Location of Depository/Financial Institution

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

Please enter you bank's routing & transit number here **and** staple a **VOIDED CHECK** below, a deposit slip is not acceptable.

\_\_\_\_\_ (nine digits)

Account Number: \_\_\_\_\_

This authority is to remain in effect until Davis Payroll Processing has received written notification of its termination and has had a reasonable opportunity to act upon it.

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

(Officer on Account)