

Preauthorized Payment (Debit) Service Authorization Agreement

Perfect Time Payroll Service LLC
Company Name

38-3664308
Federal ID Number

I(we) authorize the above company, Perfect Time Payroll Service LLC, and the financial institution below to electronically debit my(our) Checking Savings Account specified below for tax payments and/or direct deposits:

Bank Name

Bank Transit/ABA Number

Account Number

This authority is to remain in full force and effect until Perfect Time Payroll Service LLC and _____ have received written notification from me (or either of us) of its termination in such time and in such manner as to afford Perfect Time Payroll Service LLC and _____ a reasonable opportunity to act on it. A copy of this Authorization Agreement must be given to the clients and will be provided by Perfect Time Payroll Service LLC, upon request, to _____.

Company, Employer Name

Federal ID Number

Signature

Date

Please attach to this form a voided check to verify bank account information for deposits (only if it differs from the original payroll account) into a checking account.

* DEBIT MONTHLY BILLING * / TAXES