

## AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS

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

Client agrees to the following charging methods, Reverse SCH of Reverse Wire, for collection of payroll and applicable charges related to the Client Service Agreement, and hereby authorize American Admin, to initiate debit entries to its checking account indicated below at the depository financial institution named below and to debit the same to such account.

### Bank Information

Bank Routing #: \_\_\_\_\_

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Bank Name: \_\_\_\_\_

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

\_\_\_\_\_ Checking      \_\_\_\_\_ Savings

**If Client provided insufficient funding at time of debit entry, a penalty will result in the amount of 5% of invoice. The recurrence of such event will further require that Client pay American Admin a deposit to prevent further losses.**

This authorization is to remain in full force and effect until American Admin has received written notification by CLIENT of its termination in such manner as to afford American Admin and DEPOSITORY a reasonable opportunity to act on it.

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

(Please Print)

**Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Client Signature:** \_\_\_\_\_

(Must be authorized signer on the Bank Account)

Send To: **American Admin Corporate Offices**

12190 SW 69th Avenue  
Tigard, Oregon 97223

Phone: 503.624.4855

Fax: 503.624.4845

Email: serina@americanadmin.com