

Plaxco Staffing LLC

CLIENT AUTHORIZATION AGREEMENT FOR DIRECT DEBIT PAYMENTS

COMPANY
NAME _____

I (we) hereby authorize Plaxco Staffing LLC to initiate debit entries to my (our) checking account indicated below at the financial institution named below to debit the same to such account.

FINANCIAL INSTITUTION _____

CITY _____ STATE _____ ZIP _____

ROUTING NUMBER _____ ACCOUNT NO. _____

**NOTE: PLEASE ATTACH A BLANK VOIDED CHECK.
(We must receive an original check; a copy will not be sufficient.)**

This authorization is to remain in full force and effect until Plaxco Staffing LLC has received written notification from me (us) of its termination in such time and in such manner as to afford Plaxco Staffing LLC and the financial institution a reasonable opportunity to act on it.

NAME(S) _____

DATE _____ SIGNED X _____ SIGNED X _____

NOTE: ALL WRITTEN DEBIT AUTHORIZATIONS SHOULD PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

FOR OFFICE USE ONLY

Client Code _____

Verification: _____

Date Entered: _____

Date: _____

Date Set Up: _____

Signature: _____

Signature: _____