

AUTHORIZATION AGREEMENT FOR  
PREAUTHORIZED PAYMENTS (ACH DEBITS)

Client Company Name: \_\_\_\_\_ Client Company ID (FEIN) # \_\_\_\_\_

I (we) hereby authorize Armstrong Accounting & Consulting LLC/Armstrong Payroll Service, hereinafter called COMPANY, to initiate debit entries to my (our) checking/savings account indicated below and the depository named below, hereinafter called DEPOSITORY, to debit the same to such account.

Depository Name: \_\_\_\_\_ Branch: \_\_\_\_\_

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

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

This authority is to remain in full force and effect until COMPANY has received written notification from myself (us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Name(s) *please print*: \_\_\_\_\_

Signature(s): \_\_\_\_\_

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

COMPANY (CLIENT) TO COMPLETE  
NEED VOIDED CHECK FOR BANK ACCOUNT  
PAYROLL IS TO BE DRAFTED FROM