

## Client Authorization Agreement For Automatic Debits

Client Company Name			Tax ID#:	
Client ID#:				
I (We) hereby authorize FrankCrum to initi changes to routing or account numbers to credit the same to such account.				
Account Type: Checking	Savings			
Financial Institution:	Branch:			
City, State, ZIP:				
Routing Number*:	(9 digi	its) Account Number:		
This authority shall remain in full force and e as to afford FrankCrum and the financial ins I (We) understand that FrankCrum may reve and FrankCrum's notice to me (us) of same funds. I (We) further understand and agree	stitution named above a reasonable oke approval for this method of pay . Should this occur, I (We) understa	e opportunity to act upon it. ment at the first occurrence and and agree that all paym	This method of payment is subject to of a returned payment or non-sufficients shall be remitted to FrankCrum w	prior approval. ent funds (NSF) vith guaranteed
<ul> <li>For payrolls amounting to less than thereafter is \$200 per occurrence.</li> </ul>	\$2,500, the first returned payment/	NSF is waived if paid in wh	ble by close of the very next business	day, and
<ul> <li>For payrolls amounting to less than thereafter is \$350 per occurrence.</li> </ul>	\$5,000, the first returned payment/	NSF is waived if paid in wh	ble by close of the very next business	day, and
<ul> <li>For payrolls amounting to less than thereafter is \$500 per occurrence.</li> </ul>	\$10,000, the first returned payment	t/NSF is waived if paid in wh	ole by close of the very next business	day, and
	you opt to switch, we will not revie	ew your account again for	rst occurrence (or we will waive this 20 days at which point you must req or every occurrence thereafter is \$1	uest your
Name(s) (please print)				
Signed		Date	Title	
Signed **(Two signatures are required for accounts in joint names)**		Date	Title	
Internal Use Only:		IMPORTANT: Plea	se attach a voided check from the bank account	designated by you
W. C. al bur		PAY TO THE ORDER OF	DATE \$	
Verfied by:	Date:	JADEN OF		LARS SECURITY FEATURES
Processed by:	Date:	MEMO	AUTHORIZED SIGNA	ATURE

Bank Routing No. Bank Account No.

Check No.