

# ADVANTAGE<sup>®</sup>

## PAYROLL SERVICES

Date:	Assoc. /Branch#	Client #

### AGREEMENT FOR PRE-AUTHORIZED CHARGES

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

Effective Check Date: \_\_\_\_\_ Client Checks? Y N

Is the account below to be used for employee paychecks also? Y N

If divisionally billed account, list applicable division #'s: \_\_\_\_\_  
 (submit separate sheet for each bank account to be debited)

As a convenience to me, I authorize my bank to pay and charge my account for charges drawn on my account and payable to the order of Advantage Business Services Holdings, Inc. I agree that my bank's rights in respect to each charge shall be the same as if it were drawn on it, and signed personally by me. This authority is to remain in effect until revoked by me in writing, and until my bank receives such notice, I agree that my bank shall be fully protected in honoring these charges. I further agree that if any such charge is dishonored, whether with or without cause, and whether intentionally or inadvertently, my bank shall have no liability whatsoever.

Type of Account to be debited:	CHECKING	SAVINGS (please circle one)
Bank Transit/Routing number:	_____	
Bank Account number:	_____	
Bank Branch & Bank Officer Name:	_____	
Branch Street Address:	_____	
City, State, Zip:	_____	
Authorized Signature:	Date:	

*Please attach copy of a voided check which will help us verify both account and routing numbers. Thank you for allowing us to serve your payroll needs.*