

ACH Transaction AUTHORIZATION FORM

Owner/Company: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

I hereby authorize One Stop Enterprise Co to initiate debit entries for Payroll Services. Withdrawals from my account with the financial institution I have listed on the 10th of each month. I have enclosed an actual or copied voided check or documentation showing that I am the holder of the saving or debit account. *1% Processing fee/ NSF Fee \$40*

I understand direct debit will continue until One Stop Enterprise Co terminates it for any reason or until One Stop Enterprise Co receives written notice of termination from me in such a time and manner as to afford One Stop Enterprise Co a reasonable opportunity to act on such request.

Signature of Owner/Agent

Date

Bank Name: _____

Bank Routing # _____

Bank Account # _____

☐ Checking Account

☐ Saving Account

☐ Debit Account

Attach Voided or Account Documentation