



Direct Deposit Setup Instructions:

1. Provide IRS Letter of Incorporation or State Business Registration Certificate.
2. Complete the following forms for the Company setup, please ensure that you sign in all areas that indicate a signature needed.
3. Have each employee that will receive direct deposit complete and sign the Employee Direct Deposit form and attach a copy of a voided check from the account that will be credited. If they will use a savings account, please instruct the employee to obtain the ACH Routing and Account number from their bank – DO NOT USE A DEPOSIT SLIP!
4. If your account will not be pre-funded five days before your check date, you will need a bank Letter of Guarantee, which we will provide to you.
5. Feel free to call our office with any questions!

PAYROLL SERVICES INFORMATION FORM – EMPLOYER ©

[Please type or print clearly]

Processor: Precision Payroll Services, Inc. Date: _____, 201

Employer Company Name _____
D/B/A If Applicable _____
Fed TIN _____ (Circle one – EIN or SSN) State EIN _____
Address (Street & P.O. Box for Mailing) _____
City _____, State _____ Zip _____ - _____
Telephone [Main Number] _____ Fax _____
E-mail _____ Web Site _____

Type of business [if a sales business attach a description of how it is conducted]:

Date Established ____/____/____; No. of Locations _____ No. of Employees _____
Type of Entity: ____ Corporation ____ Partnership ____ Sole Proprietor ____ Government ____ Non-Profit

Company Officers, Managers & Principals:

Name (s)	Title	Telephone
_____	_____	_____
_____	_____	_____

The following information is required and must be completed. Has the Company, any principal, officer or manager been:

1. Indicted, arrested or convicted of any crime other than minor traffic violations during the past ten (10) years?
YES ____ NO ____
2. The subject of an administrative hearing by any Department or Agency of the Federal Government or any State Government during the past ten (10) years? YES ____ NO ____
3. Has Company, principals, officers or managers filed for Bankruptcy? YES ____ NO ____

If the answer to any of the above questions is YES please provide complete details for EACH YES answer.
If any of the events questioned above occur subsequent to appointment please notify the company immediately at:
Fax (912) 691-5766.

I HEREBY DECLARE ALL THE INFORMATION WITHIN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I HEREBY AUTHORIZE A CREDIT CHECK AND RELEASE OF ANY AND ALL INFORMATION REQUESTED BY THE ACH PROCESSING COMPANY.

Company Name: _____ Date: _____

Signed: _____ By (Print Name): _____

THE ACH PROCESSING COMPANY ©

CREDIT AUTHORIZATION ©

Schedule A - Business

DO NOT COMPLETE THIS BLOCK
This Section will be filled in by ACHPC

TO: _____
Bank or Agency

Address

City State Zip

Telephone Fax E-mail

RE: _____

Business Name Tax Identification Number

Bank Routing Number Bank Account Number

Address

City State Zip

I hereby authorize the bank or agency named above to release any and all information requested by The ACH processing Company, Incorporated for approval of an application or Processing Agreement I may have pending with them for services.

Dated this _____ day of _____, 201__

Signature

Print Name

The ACH Processing Company
Fax: 912.691.5766

Procedures or (ii) any fine assessed by an ACH Rules Enforcement Panel under the NACHA National System of Fines, in either case against ACHPC or the Company arising out of the performance or breach of this Agreement by the Company; (e) interest on any amounts due ACHPC under clauses (a) through (d) inclusive above at such rate as permitted by law, (f) any reasonable attorney's fees, and (g) costs and expenses of collection as permitted by law.

7. In the event the Employer or Processor incurs any loss due to mishandling of a particular entry or entries, ACHPC's liability to the Employer or Processor shall be limited to (a) liability for its own negligence or willful misconduct; and (b) the amount recoverable by ACHPC from the ACH or other financial transaction network or system, or any third party pursuant to the Rules or any indemnity agreement. In no event is ACHPC liable for any consequential, incidental, special, punitive or indirect loss or damage which Employer may incur or suffer in connection with this Agreement, including without limitation loss or damage from subsequent wrongful dishonor from ACHPC's acts or omissions pursuant to this Agreement. In no event shall ACHPC's total liability to the Employer or Processor pursuant to any claim arising out of or relating to this Agreement or the transactions covered hereby (whether in contract or tort) exceed the dollar amount of pay to the specific employee affected as stated on the official check(s) and/or list provided by Employer or Processor on which the claim is based.

8. This Agreement may be terminated immediately on written notice by either party, provided, however, the Employer's or processor's duty to maintain sufficient funds in the Payroll Account to meet obligations shall continue, and that all other applicable portions of this Agreement shall remain in effect with respect to any entries initiated by the Employer or Processor prior to any termination, particularly the authorization to debit the account of the Employer, principals or Processor for up to ninety (90) days for rejected items and fees, and the exculpatory provisions of paragraphs 6 or 7 of this Agreement. Either the processing of entries or this Agreement or both is terminable by ACHPC immediately for cause with all the applicable portions as stated above surviving any termination of this Agreement.

9. The Employer or Processor may not assign this Agreement or any of its rights or duties hereunder without ACHPC's prior written consent. This Agreement shall be binding upon and inure to the benefit of the parties hereto and their respective legal representatives, successors and assigns. It is not for the benefit of any other person or entity, and no other person or entity shall have any rights against ACHPC or Employer hereunder. Specifically, the Employer's employees are not parties to this Agreement, and under no circumstances shall such employees be construed as third party beneficiaries hereof.

10. The Employer and the principals acknowledge that the ACH or any other financial network or system may not be used for transactions in violation of U.S. law, including the sanctions laws administered by the Office of Foreign Asset Control (OFAC).

11. This Agreement shall be construed in accordance with and governed by the laws of the State of New York; and the parties further consent to jurisdiction in any competent court in any State selected by ACHPC in the event of legal action.

IN WITNESS WHEREOF, this Agreement has been duly executed by a duly authorized officer of the Employer and the Processor, and becomes effective when received and signed by an officer of The ACH Processing Company.

ACH AUTHORIZATION AND SIGNATURE PAGE ©

I (we) hereby authorize the ACH processing Company (the "Company"), to initiate debit and credit entries to my (our) Checking Savings account (select one) indicated below and the depository named below, hereinafter "Depository", to debit or credit the same to such account. I further authorize the Company to debit said account for such amount allowed by law in the event a debit entry is rejected by the Depository.

Depository Name _____ Account Number _____ Routing Number _____

Please Check Those That Apply: **This is a Bank Account of a Natural Person**
 This Account is Used for Commercial/Business Transactions

This authority is to remain in full force and effect until COMPANY has received written notification from the named account holder of its termination, but must be received no less than 3 business days before any payments are due to be made, and in such manner as to afford the Company and Depository a reasonable opportunity to act on it. (Notification by fax, email or certified mail is required)

AUTHORIZATIONS AND REPRESENTATIONS

THIS PAYROLL SERVICES INFORMATION FORM - EMPLOYER AND THE PAYROLL SERVICES PROCESSING AGREEMENT AND ANY SUPPLEMENTS AND SCHEDULES THERETO THAT I HEREBY ACKNOWLEDGE I RECEIVED, HAVE AND WILL RETAIN, AND THAT I DATED THE SAME DATE AS THIS DOCUMENT, MAY BE TRANSMITTED TO OR FROM THE ACH PROCESSING COMPANY AND/OR RETAINED ELECTRONICALLY BY THE ACH PROCESSING COMPANY WHICH WILL CONSTITUTE AN ORIGINAL. I UNDERSTAND THAT THIS MERCHANT APPLICATION AND AGREEMENTS ARE SUBJECT TO APPROVAL BY THE ACH PROCESSING COMPANY AND BANK. I HEREBY DECLARE ALL THE INFORMATION WITHIN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I HEREBY AUTHORIZE A CREDIT CHECK AND RELEASE OF ANY AND ALL INFORMATION REQUESTED BY THE ACH PROCESSING COMPANY.

IN WITNESS WHEREOF, the above ACH AUTHORIZATION and the AUTHORIZATIONS AND REPRESENTATIONS has been executed by a duly authorized officer of the Employer or Processor. The PROCESSING AGREEMENT becomes effective when signed by an officer of The ACH Processing Company.

Employer Name _____ Processor Name Precision Payroll Services, Inc.
Signature _____ Signature _____
Print Name _____ Print Name Francine Karamian
Title _____ Title President
Date ____/____/____ Date ____/____/____

AGREED TO THIS _____ DAY OF _____, 201____ BY THE ACH PROCESSING COMPANY
BY _____ ITS _____ .

Authorized Representatives: The following can act on behalf of the Employer as signing party in transactions with The ACH Processing Company and agree to the terms and conditions of this Processing Agreement (Use additional pages if needed):

Name Title Signature

Name Title Signature
Supplements & Schedules:
Schedules A- Credit Authorization _____

**CUSTOMER AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS ©
[ACH CREDITS & DEBITS] REP. ID _____**

BUSINESS COMPANY
NAME Precision Payroll Services, Inc. ID NUMBER P05062

I(we) hereby authorize the Company named above ("COMPANY"), to initiate debit and credit entries to my(our)
[] Checking [] Savings account (select one) indicated below and the depository named below, hereinafter
"DEPOSITORY", to debit or credit the same to such account. I further authorize the Company to debit said account
for such amount allowed by law in the event a debit entry is rejected by the Depository.

DEPOSITORY
NAME _____ BRANCH _____

CITY _____ STATE _____ ZIP _____ - _____

TRANSIT/ABA NO. _____ ACCOUNT NO. _____

Please Check Those That Apply: **This is a Bank Account of a Natural Person**
 This Account is Used for Commercial/Business Transactions

ATTACH A COPY OF A VOIDED CHECK FOR THE INDICATED ACCOUNT

This authority is to remain in full force and effect until COMPANY has received written notification from me(or either
of us) of its termination in such time, but no less than 3 business days before any payments are due to be made,
and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

CLIENT NAME (Business or Personal as Appropriate) _____

DATE _____ SIGNATURE(S) _____

PRINT NAME(S) _____

A COPY OF THIS AGREEMENT MUST BE GIVEN TO THE CUSTOMER(S) WHO SIGNED

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

Wire Transfer Authorization

This form requests your Bank, _____, to honor wire transfer draw-down requests as described below.

AUTHORIZATION AGREEMENT FOR DRAW-DOWN TRANSFERS

Name _____ Account Number _____

Routing Number _____

I (we) hereby authorize our Bank, _____, to act on our behalf to respond to "Wire Transfer Draw-Down Request" from the company listed below. The response will result in the initiation of a charge to our account and the creation of outbound wire transfers to the Checking or Savings Accounts(s) for the company and the Depository/Institution named below. I certify that I am the owner or an authorized signer on these accounts and have unlimited withdrawal or deposit rights on the depository/s records. I (we) acknowledge that the origination of wire transfers to this account must comply with the provisions of U.S. law. This authorization shall remain in effect until the bank is notified in writing to cancel the service. (Mark type of transfers requested. Make copies of this form for additional accounts.)

Purpose of Transfers: Payroll Transfers Corporate Transfers Other _____

Company/Draw-Down Recipient: _____

Depository/Institution Name: _____

City: _____ State: _____ Zip: _____

Routing Number: _____ Account Number: _____

Account Type: Checking Savings

Maximum Limitation of Draw-Down: Balance In Account Other: _____

This authorization is to remain in full force and effect until the bank has received written notification from an authorized representative of our Institution of its termination in such time and manner as to afford the bank a reasonable opportunity to act.

Funding Account Title: _____

Authorized By: _____ Title: _____

Signature: _____ Date: _____

Contact information for inquiries regarding this authorization:

Primary Telephone Number: _____

Email Address for Authorized Representative: _____

FAX SIGNED AUTHORIZATION TO: _____

ACH Processing Company Representative: _____