



Precision Payroll Services Inc.

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: _____ ACH Processing Company

Depository/Institution Name: _____ First Premier Bank

City: _____ Sioux Falls _____ State: _____ South Dakota _____ Zip: _____ 57101

Routing Number: _____ 091408598 _____ 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: _____ 973-706-6660 _____

Email Address for Authorized Representative: _____ support@ppspayroll.com _____

FAX SIGNED AUTHORIZATION TO: _____ 973-706-6661 _____

ACH Processing Company Representative: _____