

## ACH Debit Authorization Agreement

Please complete the following form and submit to Tandem HR with a voided check.

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Company Name: **Tandem Professional Employer Services, Inc.** (Herein referred to as "COMPANY")

Address: **2400 Wolf Road, Westchester, IL 60514**

I hereby authorize COMPANY to initiate debit entries from the account indicated below at the depository financial institution named below, herein referred to as DEPOSITORY. I acknowledge the origination of ACH transactions to our account must comply with the provisions of U.S. law.

**Depository Name (Bank):** \_\_\_\_\_

**Branch:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Transit/ABA Number:** \_\_\_\_\_

**Account Number:** \_\_\_\_\_

**Account type (check one):**      **Checking account**                      **Savings account**

This authority is to remain in full force and effect until COMPANY and DEPOSITORY have received written notification of its termination and all debt is paid, in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act upon it. Please refer to the Payment Terms in the Client Service Agreement for additional details.

**Depositor (Client Company) Name:** \_\_\_\_\_

**Depositor (Client Company) Address:** \_\_\_\_\_

FEIN number: \_\_\_\_\_

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_