



Fax #: (203)-281-5490

Data Processing Services

EMPLOYER INFORMATION

Company Name:

Address:

City/State/Zip:

Phone#:

Fax#:

Email:

Contact Name:

Tax ID#:

EMPLOYER ACCOUNT INFORMATION

Bank Name:

Bank Address:

Bank City/State/Zip:

Routing#:

Account#:

Checking or Savings:

This account will be used as the funding account for payroll transactions.

I/We acknowledge authorization to initiate credits and debits from all accounts sent in by my company to DPS. By signing this form, the Company is aware of their responsibility under the Automated Clearing House Association Rules as "Originators" including but limited to: 1) obtaining accurate authorizations from employees for direct deposit purposes; 2) supplying accurate client account information for the settlement of payroll entries by DPS; 3) understanding in the event of an inconsistency between an employee's account name and account number, entries will be posted based on account number. In the event an employee is not paid, the company warrants all ACH parties from any related losses; 4) assuming responsibility for settlement of all entries against their account including adjustments. This authorization is to remain in full force and effect until DPS has received written notification from Client of its termination and in such time and in such manner as to afford DPS a reasonable opportunity to act on it.

Signature

Date

Title

X