



SMALL EMPLOYER PLAN ELECTRONIC FUNDS TRANSFER AUTHORIZATION FORM

As a duly authorized check signer on the financial institution account identified below, I authorize PayPros, Inc. to perform scheduled or periodic electronic funds transfer debits and/or credits from my account identified below for payments due or when applicable, apply electronic funds transfer credits to the same. I understand the dollar amount can vary depending on services performed, but it is initially set to \$_____ per month. The normal day to withdraw will be the first of the month. Due to holidays, etc. that date will happen on the first day of the month that is a legal, banking day. On the initial setup the amount and date will be different.

Furthermore, if any such electronic debit(s) should be returned by my financial institution as Non-Sufficient Funds (NSF), I authorize PayPros, Inc. to collect a returned item fee of \$50.00 per item by electronic debit from my account identified below.

This authority is to remain in full force and effect until PayPros, Inc. has received written notification from me (or either of us) of its termination in such time and in such manner as to afford PayPros, Inc. a reasonable opportunity to act on it. This agreement binds the company to 12 months of payroll service. If company cancels service prior to 12 months of service, PayPros will collect the uncollected balance due. No additions or changes on this agreement will be recognized, except the fill ins and signatures.

I understand and authorize all of the above as evidenced by my signature below.

AUTHORIZING SIGNATURE: _____ DATE: _____

Enter financial institution account information into the fields provided below and attach a blank VOID check.	Account Holder or Authorized Signer Name:		
	Financial institution:		
	9 Digit Transit/ABA #		Account #
Payment Frequency	Payment or Begin Date:		
		Recurring payment	
		Monthly – 1st	Other:
Amount and/or Invoice Number	\$	Invoice Number: N/A	

ATTACH VOID CHECK HERE