

You are required to obtain authorization from any individual to debit/credit their personal account, to retain it for your records and to produce it upon request as per the NACHA rules. .

## **AUTHORIZATION AGREEMENT FOR AUTOMATIC CREDITS (ACH CREDITS)**

**COMPANY NAME** <u>Dallas Employment Services Inc.</u>

I (we)  Employment Services, hereinafter initiate, if necessary, debit entries a (our) Checking Savings acconamed below, hereafter called DEPO account.	and adjustments fount (select one) ir	or credit en Indicated be	ntries in erro low at the de	r to my pository
DEPOSITORY (Bank) NAME BRANCH				
CITY	_STATE		ZIP	
TRANSIT/ABA NO	ACC	COUNT NO.		
This authority is to remain in full force notification from me (or either of us) as to afford Company and Depository	of its termination i	n such time	e and in such	
Name(s) Please print				
Social Security Number				
Date Sign	ned Y			

Please be advised that if the information is incorrect and the error occurred as a result of the employee, there may be a delay of 3-5 days to process their corrected payroll.