

ACH Credit Authorization Agreement

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

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT (ACH CREDIT) Company Name: Tandem Professional Employer Services, Inc. (Herein referred to as "COMPANY") Address: 2400 Wolf Road, Westchester, IL 60514
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I hereby authorize COMPANY to initiate credit entries to the account indicated below at the depository financial institution named below, herein referred to as DEPOSITORY.

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 has received written notification of its termination. Please refer to the Payment Terms in the Client Service Agreement for additional details. **I acknowledge responsibility for providing complete and accurate information on this authorization form. I agree not to hold COMPANY responsible for any delay or loss of funds due to incorrect or incomplete information supplied.**

Depositor (Client Company) Name: _____
Depositor (Client Company) Address: _____
FEIN number: _____
Name: _____ Title: _____
Signature: _____ Date: _____