

ACH Debit Authorization Form

Company Name: _____
Phone Number: _____
Accounts Payable Email: _____
Billing Address: _____
Billing City/State/Zip: _____

ACH Debit

Bank Name: _____

Routing Number: _____

Account Number: _____

Account Type: Checking Savings

Authorized Signer's Name (Print): _____

Authorized Signer's Signature: _____ Date: _____

By this authorization I agree for Personnel Source, Inc. to make periodic payments on my account using the account indicated above. Such payments will be made within 5 banking days of the invoice date or as authorized in a separate agreement. This authorization shall remain in effect unless I cancel it in writing 5 days prior to the next invoicing cycle. I further agree that a NSF fee of \$25 shall be charged to my account in the case of any returned ACH Debit transaction.

Please Return To: Personnel Source, Inc
 Accounts Payable
 555 Lincoln St.
 Eugene, OR 97401
 ACHProcessing@personnelsource.com

Office Use Only: Branch Location: _____ Manager Approval: _____
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