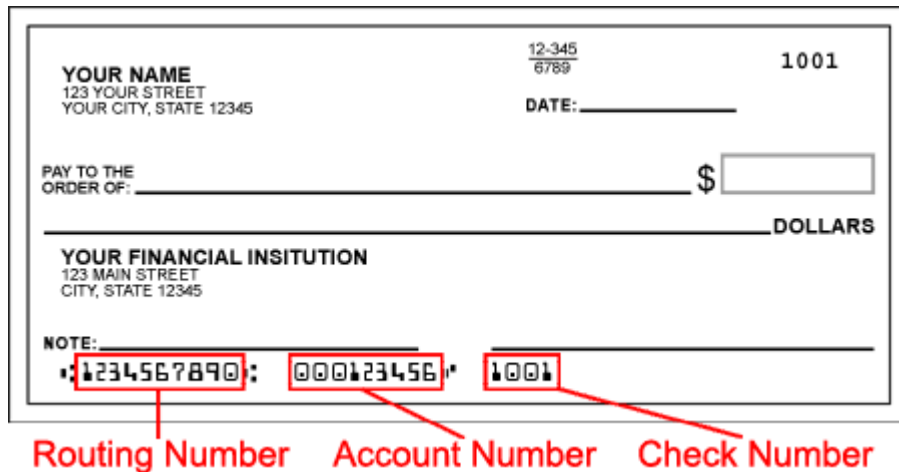


# AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS

I (we, if joint account) hereby authorize **Majestic Payroll Services** to initiate credit/debit entries to my (our) Checking or Savings selected below at the Financial Institution indicated, to credit/debit such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of the United State law. If I (we) do not have enough money in my (our) deposit account to cover the transfer or if my (our) Financial Institution for any other reason refuses to honor a transfer I (we) will separately pay Majestic Payroll for the charges I (we) owe.

ACH Information		
Financial Institution:		
Branch:		
City:	State:	Zip:
Routing/Transit Number:		
Account/Bank Number:		



This authorization is to remain in full force and effective until we have received written notification from you (or either of us) of its termination in such time and in such manner as to afford the Financial Institution and us a reasonable opportunity to act on it. We deem this to be seven (7) days.

Name(s): \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Day Phone: (    ) \_\_\_\_\_ Evening Phone: (    ) \_\_\_\_\_

Note: All written credit/debit authorization must provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in the authorization.

**Please fill out this form, attach a voided check and fax or mail it to us.**