



Payroll Funding Authorization

Company Name:	First Check Date:	
<div style="border: 1px solid black; padding: 20px; width: fit-content; margin: 0 auto;">Attach Voided Company Check Here</div>		
<div style="border: 1px solid black; width: 100%; height: 30px;"></div>	Single Sig. Box	<div style="border: 1px solid black; width: 100%; height: 30px;"></div>
<div style="border: 1px solid black; width: 100%; height: 30px;"></div>	Double Sig. Box	<div style="border: 1px solid black; width: 100%; height: 30px;"></div>
		Starting Check #:

Whereby Client has agreed to establish and/or maintain a defined DDA Checking account or Accounts for the purpose of funding any and all debit transactions processed by Process Provider in the form of ACH Direct Deposit, Debits for Tax Impound or Fee Collection, and for the clearing of Net Pay Checks or Omni Net Pay Debits, Client hereby authorizes **Masspay** to debit the above described checking account for these purposes. To verify this, Client agrees to complete and sign this form and attaché a voided check as proof that this is the correct account to be used. Client agrees that funds will be maintained within the accounts sufficient to cover Client's total payroll costs including, but not limited to net payroll, tax liabilities, vendor payments (including process provider) and all other transactions considered a part of Client's payroll processes. It is understood by Client that any change to the account designated for the above stated purposes will be given in writing to **Masspay** at least ten (10) business days prior to its effective use. Should Client have insufficient funds available to provide funding of any or all transactions, Process Provider will notify Client of the deficiency and within twenty four hours following notification, Client agrees to wire transfer fund to designated Process Provider accounts to fund deficiency and will be responsible for additional incidental fees related to non-sufficient funds.

Signed by:	
_____ Officer of Client Company	_____ Date
_____ Name (Please Print)	_____ Title