Bank Account Authorization Agreement

Meridian Payroll Group, Inc. ("SERVICE BUREAU") or its designee is authorized by the undersigned client ("Client") to implement and utilize the debit method (and/or corrections to previous debits) originated by check or electronic fund transfer for purposes of collecting from Client's bank or other financial institution ("Financial Institution Account") identified below (the "Account") for its services and charges consisting of the following:

1. Direct deposit obligations under SERVICE BUREAU or its designee's direct deposit service;

2. Payroll tax obligations under SERVICE BUREAU's tax deposit and filing service;

3. Payment of SERVICE BUREAU's fees for its services.

The Financial Institution is authorized by Client to comply with this authorization and debit the Account in accordance with the debit method originated by check or electronically as if initiated by client. This authorization shall remain in effect until revoked by the undersigned in writing and received by Financial Institution so as to allow a reasonable amount of time for all involved parties to act on it.

Client further agrees that if any debit or charge is dishonored by Financial Institution, whether with or without cause, Financial Institution shall have no liability with respect to such dishonor. If for any reason Client's bank were to refuse to honor an electronic transaction, a $75.00 NSF fee will be assessed to Client as SERVICE BUREAU's reasonable costs. If no payroll is run during a calendar month a $20.00 minimum monthly fee will be applied and electronically debited on the following month.

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1. Bank Name, City, & State: _____

   Routing & Transit Number: ___ ___ ___ ___ ___ ___ ___ ___ ___   Account Number: _____

   ☐ Direct Deposit ☐ Payroll Taxes ☐ Business Taxes ☐ Service Fees ☐   ☐

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2. Bank Name, City, & State: _____

   Routing & Transit Number: ___ ___ ___ ___ ___ ___ ___ ___ ___   Account Number: _____

   ☐ Direct Deposit ☐ Payroll Taxes ☐ Business Taxes ☐ Service Fees ☐   ☐

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3. Bank Name, City, & State: _____

   Routing & Transit Number: ___ ___ ___ ___ ___ ___ ___ ___   Account Number: _____

   ☐ Direct Deposit ☐ Payroll Taxes ☐ Business Taxes ☐ Service Fees ☐   ☐

_____   _____
Printed or Typed Name and Title   Depositor Name as Shown on Bank Records

_____   _____
Signature *(must be authorized to sign on the accounts noted above)*   Date