



AUTHORIZATION AGREEMENT FOR PREAUTHORIZATION PAYMENTS

Client Company: _____

First Payment Date: _____

As a convenience to Client Company, Client requests and authorizes The Employer Group ("the Originator") to obtain payment of amount becoming due the Originator by initiating, via electronic funds transfer request from State Bank of Cross Plains, charges to Client's account in the form of electronic debit entries. The client also authorizes the Originator to initiate a credit entry in the event it would be necessary to correct an erroneous debit entry.

Client also requests and authorizes _____ to
(Client's Financial Institution)

accept and honor same and to charge same to Client's account. This Authorization will remain in effect until Client notifies the Originator and the Financial Institution in writing to terminate this Authorization and the Originator and the Financial Institution have a reasonable time to act on the termination. Client acknowledges receipt of a copy of this Authorization on this date.

Client's Financial Institution
Address: _____

Routing Number: _____
(9 digit number)

Account Number: _____ Checking Savings
(Client's Account Number)

Authorized Signature(s): _____ Date: _____

_____ Date: _____

For accuracy, please attach a copy of a voided check, NOT a deposit slip.