



PAYROLL FUNDING AUTHORIZATION

Solex, we'll take care of your paychecks

Company Name:

First Check Date:

**Attach
Voided Company
Check Here**

[Signature Box]

Single Signature Box:

[Signature Box]

[Signature Box]

Double Signature Box:

[Signature Box]

Starting Check Number:

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 Solex Payroll Systems. to debit the above described checking account for these purposes. To verify this, Client agrees to complete and sign this form and attach 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 Solex Payroll Systems 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 funds 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

www.solexpayroll.com