

ACH Debit Authorization

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|----------------|
| Bank Name |
| Account Number |
| Routing Number |

I authorize Extreme Reach Payroll Solutions, and its agents, including financial institutions, to initiate electronic debit entries, and if necessary, credit entries and adjustments for any debit or credit entries in error to the cash accounts listed above. I further authorize Extreme Reach Payroll Solutions to generate, and the financial institution listed above to accept, a manual debit in the event an electronic funds transfer is not effectuated. This authorization will remain in effect until I have informed in writing that I wish to cancel and Extreme Reach Payroll Solutions has had reasonable time to affect such cancellation.

I further agree to limit my right of rescission to three business days and I agree to notify Extreme Reach Payroll Solutions at least 24 hours prior to exercising such right.

| BASIC INFORMATION | |
|-----------------------------------|---------------------------------------|
| Company Name | Project Name |
| Date | |
| Authorized Representative (Print) | Authorized Representative (Signature) |