2837 DAISY LANE SUITE A WILSON, NC 27896



252.234.2924 - OFFICE 252.234.6010 - FAX

## **Authorization Agreement For Prearranged Payments (Debits)**

This is author	ization from				
With a busines	s address located at				
		roll (a DBA for Averett	e Ventures	s, Inc.)	
Account #	to automatically d	lebit customer's Che	ecking [	Savings	
recount "		of in	1(	(City)	(State)
that Customer no longer desire thi the debit are necessary, it may invo- Customer understands the before its account is charged. If a its account by its financial institut notice of such entry or 45 days identifying the entry, stating that institution and Time & Payroll de investigate Customer's claim for o its actions or inactions undertaken Customer agrees to make promptly pay the charges and per funds in its account when the sar signing this Agreement for Custom The undersigned individu Payroll and its shareholders, direct costs or expenses, including attor behalf or direction regarding any p this Agreement, (c) any misrepres this Agreement, and (d) breach and This Agreement shall be their respective successors, assign signed by both the parties hereto. giving effect to the North Carolina regarding this Agreement shall be to be in writing and delivered in p the address set forth at the beginn address of the parties hereto as ea any other address or facsimile no delivery service, the date of deliver	s service, allowing them repolve an adjustment (credit at it has the right to stop in erroneous debit entry is a tion, if, within 15 calenda after posting, whichever it is in error along with termine the error to have derroneous debit before actipursuant to this Agreement the funds for the direct distalties assessed against its me is required to be in its mer are responsible for fundal represents and warrants stors, officers, employees meys' fees, relating to or a payroll deposit referred to entation contained in any dor nonfulfillment of any enefit and be binding upons, heirs, personal represents and warrants are conflict of law provision proper only in any federa erson or by (i) using a reging of this Agreement, or ch such party shall have in the party may dry, or (ii) if by registered to as "Guara" and complete performants obligations evidenced by e such payments in accord of such amount. This is a roll to Guarantor or until Customer has been dischad and reduced by payment the waiver or consent by '& Payroll.	or debit) to its account and may payment of a debit entry by no charged against its account, Custar days following the date on very occurs first, Customer gives an explanation of the error and occurred as so described. Custo ing on its request to reverse any nt.  deposit available in its account to account by Time & Payroll to account and/or for any other and agents, and to hold each of arising out of (a) any of Custom in this Agreement, (b) the bread statement or certificate furnished agreement or covenant on Custom Time & Payroll, its successor entatives, and beneficiaries. The governed by and construed in account in the green of the other or as alesignate in writing. The notice or certified mail or mailed with antor"), hereby unconditionally ce by Customer in connection of this Agreement when the same dance with this Agreement. I have a continuing guaranty of payme Guarantor's obligations to Time arged in full from any obligations to made by Guarantor directly to contor's obligations under this Carantor's ob	otification. Con take several stifying its fination of the which Custom its financial direquesting its financial directory. Custom recover the coreason charge Agreement is and power to so fithem harmle mer's actions the or inaccurated by Custom tomer's part under and assignation as Agreement is and assignation as Agreement with the location at Raleigh, Northovides a delivery configuration of the word of the configuration of the con	ustomer also under days to implement ancial institution are right to have the mer was sent a station stitution and Trick it to be returned it it to be applicable cost of a returned it it is Agreement and/or the under this Agreement and/or the under this Agreement it may only be chand sole and exclusion. All now it is a confirmation, on the distribution of the delivered (if it is a confirmation, on the distribution in the distribution	erstands that if corrections in at.  and Time & Payroll in writing amount of the entry credited to tement of account or a written Time & Payroll written notice into its account if its financial stitution and Time & Payroll to it in good faith regarding any of a pay date. Customer agrees to item, for not having sufficient roll. Customer and the person in not transferable by Customer. Int, agrees to indemnify Time & all liabilities, losses, claims, ctly or indirectly, and/or on its intations and warranties made in ersigned individual pursuant to ent. The undersigned individual and tanged by a written agreement state of North Carolina without asive authority for any disputes offices under this Agreement are receipt, addressed to a party at rmation, postage prepaid to the inning of this Agreement, or to if in person or by registered ay delivered.  In the event that Customer has to notice of nonpayment of or I remain in force until revoked ent have been fully satisfied by cantor's obligation and liability per's default of this Agreement. In irrespective of the validity or irrespective of irrespective of its validity or irrespective of irrespective of irrespective of its validity or irrespective of irrespective of irrespective of its validity or irrespective of ir
(Customer Ivame)	·	(Customer in Number)		(Date)	

(Title)

(Signature)



## NEW CLIENT PROFILE



## **CLIENT INFORMATION:**

Legal Name of Business:						
If LLC, please circle one: Individual	Partnership	Corporation				
DBA ( <i>Doing Business As</i> ) Name:	Name for	Name for Checks:				
Contact Name, Title & SS#:						
Phone:	Fax:					
Email:	Website:					
Business Address:						
City:State: _		Zip:				
Mailing Address same as Business Address?:	YesNo	(If not, please fill out below.)				
Mailing Address:						
City:State: _		Zip:				
	247 525 645 467					
	PAY FREQUENCY:					
Pay Frequency: <u>Weekly</u> or <u>Bi-Weekly</u> or <u>Semi Monthly</u> or <u>Monthly</u> or <u>Multiple Frequency</u>						
If <u>Semi-Monthly</u> or <u>Monthly</u> , list pay dates: Pay Day #1: Pay Day #2:						
Workweek: (ex. Sun-Sat or Mon–Sun) Day of Payday:						
TAX INFORMATION:						
Federal EIN: State Tax Deposit EIN:						
State Unemployment ID#: State Unemployment Tax Rate %:						
For ID# you do not have, would you like for Time & Payroll to apply for them?						
ADDITIONAL INFORMATION:						
Direct Deposit: Time Clock:	To	otal # of Employees:				
Delivery Options: UPS FedEx	Email Pick	Up US Mail				
Paid Holidays:						
	Overtime Rules: (if other than standard)					



**COMPANY NAME:** 

## SIGNATURE FORM

signature go outside the corners delineating the signature area.					
Signatures samples must be provided <b>three times</b> , one signature in each box.					
	Signature 1	Signature 2			

**Instructions** 

The form is used to supply us with three examples of up to two signatures. To ensure good results, use a black medium point pen. Each signature must be crisp, dark and slightly heavier than normal. **Do not let your** 

Please return to the Time & Payroll representative.

01.10.2020