

# ACH Debit and Credit Authorization Agreement

I/We hereby authorize Damian Services Corporation, herein after called Damian, to process ACH debits and/or credits from my/our bank account on behalf of Human Capital Solutions for transactions including, but not limited to: employment/staffing services related to payroll, taxes, per diem, travel, and any adjusting entries made in error to such account indicated on this form. Furthermore, my/our Bank is authorized to act in accordance with the instructions on this form and provide information to assist in completing said transactions.

## Bank Account Information

Please attach a voided check from your bank account.

Account Title: \_\_\_\_\_

Name of Bank: \_\_\_\_\_

Bank Account #: \_\_\_\_\_

ABA Transit Routing #: \_\_\_\_\_

Account Type:  Checking  Savings (Select One)

Damian must be contacted immediately upon any bank name changes, routing number or account information changes to prevent returns on debit or credit requests.

This authorization shall remain in full force and effect until Damian and Bank have received written notice from an authorized signer of our firm, of its termination in such time and manner as to afford Damian and Bank a reasonable opportunity to act on it.

Company Name & Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Sign  
Here**

X \_\_\_\_\_  
Authorized Signature                      Name/Title                      Date

X \_\_\_\_\_  
\*Joint Holder Signature                      Name/Title                      Date

**\*If a second signature is required.**