

## ACH Debit 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 for invoice payments related to temporary employment services. 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 for ACH Debit

Please attach a voided check from your bank account or provide a letter from your bank confirming the account number and routing number on bank letterhead.

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 requests.

This authorization shall remain in full force and effect until Damian and Bank have received written notice from Authorized account signer, or either account holder for joint accounts, of its termination in such time and manner as to afford Damian and Bank a reasonable opportunity to act on it.

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

<b>Sign Here</b>	X _____	_____	_____
	<b>Authorized Signature</b>	<b>Name/Title</b>	<b>Date</b>
	X _____	_____	_____
	<b>*Joint Holder Signature</b>	<b>Name/Title</b>	<b>Date</b>

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