



CLIENT INFORMATION

| |
|--------------|
| Client Name: |
| Client #: |

BANK INFORMATION


| | |
|--------------------------------|-------------------------------|
| Bank Name: | |
| Routing #: | Account #: |
| <input type="radio"/> Checking | <input type="radio"/> Savings |

CLIENT AUTHORIZATION

I hereby authorize Worksite, LLC to initiate debit entries from the bank account listed above for services rendered. I am aware that this authority will remain in full effect until Worksite, LLC has received thirty (30) days prior written notification from me regarding change or termination.

| | |
|--------------------------------------------|------|
| Authorized Client Representative Signature | Date |
| Print Name | |

ATTACH VOIDED CHECK HERE

| | |
|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|
| NAME ADDRESS CITY, STATE ZIP | 0123 01-23456789 |
| DATE _____ | |
| PAY TO THE ORDER OF _____ | \$ |
| | DOLLARS |
| BANK NAME ADDRESS CITY, STATE ZIP | |
| FOR _____ | |
|  | |
| Routing Number | Account Number |