



**CLIENT AUTHORIZATION AGREEMENT FOR DIRECT DEBIT PAYMENTS**

COMPANY  
NAME \_\_\_\_\_

I (we) hereby authorize Stellar Staffing, Inc. to initiate debit entries to my (our) checking account indicated below at the financial institution named below to debit the same to such account.

FINANCIAL INSTITUTION \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

ROUTING NUMBER \_\_\_\_\_ ACCOUNT NO. \_\_\_\_\_

**NOTE: PLEASE ATTACH A BLANK VOIDED CHECK.  
(We must receive an original check; a copy will not be sufficient.)**

This authorization is to remain in full force and effect until Stellar Staffing, Inc. has received written notification from me (us) of its termination in such time and in such manner as to afford Stellar Staffing, Inc. and the financial institution a reasonable opportunity to act on it.

NAME(S) \_\_\_\_\_

DATE \_\_\_\_\_ SIGNED X \_\_\_\_\_ SIGNED X \_\_\_\_\_

NOTE: ALL WRITTEN DEBIT AUTHORIZATIONS SHOULD PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

**FOR OFFICE USE ONLY**

Client Code \_\_\_\_\_

Verification: _____	Date Entered: _____
Date: _____	Date Set Up: _____
Signature: _____	Signature: _____