

ACROTIME (a wholly owned subsidiary of Acroprint Time Recorder)

ACH Debit Authorization Agreement

Customer Name/Address Section:

Acct#:

(OFFICE USE ONLY)

Name (Account Holder): _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Email Receipt to: _____

Customer Bank Name/Address Section:

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Customer Bank Information

Bank Transit/ABA Number: _____

Customer Account Number:

_____ Type of Account: _____

Checking _____ Savings

Send this completed form along with a copy of a voided check

to: Fax to: (919) 872-2336 or email to billing@acrotime.com

Authorization Agreement

I understand that this authorization will be in effect until I notify my financial institution (and Acroprint Time Recorder Company) in writing that I no longer desire this service, allowing it reasonable time to act on my notification. I also understand that if corrections in the debit amount are necessary, it may involve adjustment (credit or debit) to my account.

I have the right to stop payment of a debit entry by notifying my financial institution before the account is charged. If an erroneous debit entry is charged against my account by my financial institution, I have 45 days after posting to give my financial institution a written notice identifying the entry and stating that it is in error and requesting credit back to my account.

By signing, I authorize ACROPRINT TIME RECORDER COMPANY, INC, to draft the account specified above, THIS AUTHORIZATION IS NON-NEGOTIABLE AND NON-TRANSFERRABLE.

Name (Please Print): _____ Date: _____

Title: _____

Signature: _____