

4000 Eagle Point Corporate Drive
BIRMINGHAM, ALABAMA 35242
Phone (205) 408-1040
Toll Free Fax (855) 693-4457

1910 24th Avenue
MERIDIAN, MISSISSIPPI 39301
Phone (601) 693-4444

**David M Compton CPA & Company and Payroll People Inc.
Automatic Debit and Credit Agreement
for Electronic Funds Transfers**

I hereby authorize on this ____ day of _____, 20__, _____
(Company) and their agent, David M Compton CPA & Company and Payroll People Inc. to initiate electronic debit and or credit entries to the bank account shown below for an allotted amount. I understand that adjustment entries may be made to this account to insure an accurate and balanced accounting (debits and credits must balance) of all transactions. This authorization will remain in effect until;

- a. I notify my Bank and the above named Company in writing to terminate this agreement and give the Bank and the above named Company reasonable time to so terminate the agreement,
- b. The Bank and/or the above named Company have sent me five (5) business days advance written notice of the Bank's and/or Company's termination of this Agreement

I understand that any cancellation in writing will become effective no earlier than 5 (five) business days after the day the last transaction has cleared and there are no outstanding balances to the account.

I UNDERSTAND THAT DAVID M COMPTON CPA & COMPANY and PAYROLL PEOPLE INC PROVIDES ONLY ITS SERVICES TO THE COMPANY. ALL MONIES TO BE TRANSFERRED AS CREDITS MUST BE COLLATERALLY FUNDED AND ARE FULLY GUARANTEED BY COMPANY. IN THE EVENT COMPANY'S FUNDING FOR A CREDIT IS RETURNED FOR ANY REASON AND DAVID M COMPTON CPA & COMPANY and PAYROLL PEOPLE INC HAS CREDITED MONIES TO MY ACCOUNT, I AUTHORIZE DAVID M COMPTON CPA & COMPANY and PAYROLL PEOPLE INC TO DEBIT MY ACCOUNT FOR THE AMOUNT OF THE MONIES CREDITED.

Electronic Funds Transfer (15 U.S.C. § 1693): I hereby acknowledge receipt of notice by the financial institution described herewithin of the undersigned's liability for an unauthorized electronic fund transfer, duty to promptly report such unauthorized transfers, charges for electronic fund transfers, the right to stop payment or preauthorized electronic fund transfers, procedure to initiate such stop payment order, the right to receive documentation of electronic fund transfers, and the Bank's liability pursuant to the Electronic Funds Transfer Act found at 15 U.S.C. § 1693, et al., and as against David M Compton CPA & Company and Payroll People Inc., waives all rights thereunder.

Limitation of Action: The undersigned will have 60 days from the transaction date to notify the above-referred-to Company, in writing, of any discrepancies, errors or problems with a transaction processed. This will include but is not limited to, errors in amounts, erroneous transactions, or other transactions processed. You can contact the above-referred-to Company, but by doing so

will not preserve your rights. In a letter, give the above-referred-to Company the following information;

- a. Company transaction was processed under with their Fed Tax ID Number.
- b. The name, account number and ABA number on the transaction in question.
- c. The dollar amount of the transaction in question.
- d. Describe the error and explain why you believe this is an error. If you need more information, describe the item you are unsure of.

The above-referred-to Company will tell you the results of our investigation within 30 days and will correct any error promptly. If the above-referred-to Company needs more time, we may take up to 45 days to investigate your complaint. For transfers initiated outside the United States or transfers resulting from point of sale or debit/access cards, the time periods for resolving errors will be 45 days and 90 days respectively.

Name of your Employer _____

Please Print Your Name _____

Your Financial Institution (Bank) _____

City, Bank's Phone Number _____

Routing (ABA) Number _____

Account Number at Financial Institution _____

Account Type: Checking Savings

Social Security Number _____ Telephone Number _____

Email address _____

Authorized Signature _____ Date _____

Attached to this authorization is a photocopy of a personal check for verification of your checking account and bank routing number.