

●●●● services agreement

Client Name (as shown on bank records) _____

DBA _____

Street Address _____

City _____ State _____ Zip _____

PAYROLL TAX FILING SERVICE:

AccuPay will generate payroll tax information from data supplied by Client and will prepare, deposit, and file payroll tax coupons and returns as required by federal, state, and local taxing authorities as installed for Client. **AccuPay** will not assume responsibility for any penalties resulting from the incomplete/incorrect nature of the tax information provided. **AccuPay** will maintain a record of payments, and determine and reconcile the Client's payroll tax account position based on quarterly returns prepared and filed with the applicable taxing authorities. **AccuPay** will not assume any responsibility for any tax penalties and/or interest due for tax periods prior to your first payroll with **AccuPay**.

SCHEDULE: The first check date on **AccuPay** Tax Pay service is _____, 20 _____

DIRECT DEPOSIT SERVICE:

AccuPay will generate direct deposit transactions from input data as supplied by Client and will further initiate electronic transfers from the employer's bank account into the participating employees' personal bank accounts as authorized and instructed by both parties involved. **AccuPay** will maintain a record of the electronic transfers, advise Client as to the effective date and amount of transfers, and provide Client with a detailed reconciliation of the transfer amount allocated among the individual employee's direct deposit transactions. Please note that a \$15 fee will be assessed if an employee's direct deposit account is closed or account information is inaccurate, thus causing the direct deposit to be rejected.

NSF CHARGES: (for payroll tax filing and/or direct deposit services)

Initial Here First Occurrence: \$25.00 (same day certified funds required to cover payroll)
Second Occurrence: \$50.00 and cancellation of service

- Bank is hereby authorized and instructed to honor debits and credits to Client's demand deposit account for any federal, state and/or local payroll tax liabilities and/or employee direct deposit initiated by **AccuPay**. If bank does not, or cannot honor such debits or credits, bank is instructed to contact **AccuPay** immediately.
- The frequency and amount of the debits and/or credits initiated by **AccuPay** shall vary and shall be determined by the Tax Pay Transmit File generated by **AccuPay**.
- In consideration of bank's compliance with this authorization and instruction, Client agrees that treatment of such charges and bank's rights in respect to Client shall be the same as if the debits and/or credits were signed personally by Client and that bank shall not be responsible for the frequency nor amounts of such debits or credits.
- If there are any incidents of NSF (Non Sufficient Funds) in Client's bank account, or if Client fails to advise of changes in pertinent information, i.e., bank account #, etc., **AccuPay** will not warrant that any deposits to any federal and/or state and/or local taxing authority will be made in a timely manner. Any and all penalties and/or interest assessed by said taxing authority arising from said NSF shall remain the sole responsibility of Client. Client guarantees and warrants that the account identified hereon, and any account identified in the future as the Client Authorized Electronic Debit Account, is a business banking account. Client hereby agrees to terms described above. This authorization shall remain in effect until revoked by Client or **AccuPay**.

Initial Here _____

PAYROLL / VENDOR CHECKS:

It is understood that signed checks are negotiable documents and should be reviewed by an authorized representative of the company before distribution. In issuing signed checks to benefits vendors, garnishment creditors, or child support agencies, **AccuPay** will not be responsible for any penalties or interest that result from the Client's error or omission.

Agreed to this _____ day of _____, in the year of _____

Authorized signature as shown on bank records:

I understand that by signing here, I agree to the above terms and authorize AccuPay to scan my signature for use in the preparation of payroll checks and/or vendor payments. I affirm that I am authorized to sign checks on the payroll account.



Printed name and title: _____

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