



ACH Authorization Form

Instructions: Complete this ACH Debit Authorization Form in its entirety, attach a copy of a voided check(s) or letter from bank confirming the account details and make a copy for your records.

I hereby authorize **Omaha National Employer Services, LLC** to initiate debit entries and credit entries and adjustment entries to correct any errors, if necessary, to the depository account listed below. This authority is to remain in full force and effect until **Omaha National Employer Services, LLC** has received written notification from me of its termination in such time and in such manner as to afford **Omaha National Employer Services, LLC** and the financial institution(s) listed below a reasonable opportunity to act on such notification.

Type of Account: Checking Savings

Name of Bank:

Bank Routing (ABA#):

Bank Account Number:

Bank City, State:

\$ or % of Deposit:

Second Account (Optional)

Type of Account: Checking Savings

Name of Bank:

Bank Routing (ABA#):

Bank Account Number:

Bank City, State:

\$ or % of Deposit:

Authorized Signature

Required: Please attach a copy of voided check(s) to this form. In lieu of a voided check we will accept a letter from a bank representative where account is held confirming the account details within the letter.

1. Affix bank instrument (i.e. check) to this authorization with tape.
2. Instrument must bear ABA routing number and account number in MICR characters.
3. Make sure that instrument is from institution to/from which funds are to be transferred.
4. Void the instrument properly.

(IN CASE OF DISCREPANCY, CHECK INFORMATION SUPERSEDES INFORMATION SUPPLIED ABOVE)