



Employer and/or Third Party		AccuChex Payroll Services
Name:		605 19th Avenue North
Street Address:		Myrtle Beach, SC 29577
City, State, Zip:		800 353-3389/843 448-6469
Telephone:		Fax: 843 448-5594

Authorization for Debit and Credit Electronic Funds Transfers

I hereby authorize on this ___ day of _____, ___ my employer and/or third party as referred to here within, and their agents including AccuChex, Inc. (AC), to initiate electronic withdrawals and/or deposits to the bank account shown below. I understand that adjustment and/or reversing entries may be made to this account to insure an accurate and balanced accounting of all transactions. This authorization will remain in effect until;

- a) I notify my Bank and AC in writing to terminate this agreement and give the Bank and AC reasonable time to terminate this agreement,**
- b) The Bank, third party/employer, and/or AC have sent me five (5) business days advance written notice of the Bank's and/or AC's termination of this Agreement**

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

I UNDERSTAND THAT ACCUCHEX, INC. PROVIDES ELECTRONIC FUND TRANSFER SERVICES TO THIRD PARTIES AND/OR MY EMPLOYER. THE FUNDS TO BE TRANSFERRED MUST BE COLLATERALLY FUNDED AND ARE FULLY GUARANTEED BY MY EMPLOYER AND/OR MYSELF. IN THE EVENT THE FUNDING FOR A TRANSFER IS RETURNED FOR ANY REASON OR ACCUCHEX HAS BEEN PROVIDED INCORRECT INFORMATION AND/OR HAS ERRONEOUSLY TRANSFERRED FUNDS TO MY ACCOUNT, I AUTHORIZE ACCUCHEX, INC TO WITHDRAW/REVERSE FROM MY ACCOUNT THE AMOUNT OF FUNDS TRANSFERRED IN ERROR. I ALSO UNDERSTAND THAT BF MAY WITHDRAW AND/OR DEPOSIT TO MY ACCOUNT VARIOUS FUNDS REGARDING MY PARTICIPATION IN A FLEXIBLE BENEFIT/CAFETERIA PLAN/ERISA PLAN. I HEREBY HOLD BEACH FIRST HARMLESS FOR TRANSFERRING ANY FUNDS DESIGNATED FOR FLEX BENEFITS UPON THE DIRECTION OF MY EMPLOYER OR PROCESSOR, AND THAT MY REMEDY FOR ANY ERRONEOUS TRANSFERS IS SOLELY AGAINST THE PROCESSOR AND/OR MY EMPLOYER AND THAT I WILL HOLD HARMLESS ACCUCHEX FROM ANY LIABILITY AND DAMAGES RESULTING THEREFROM. I UNDERSTAND, AGREE, AND ACKNOWLEDGE THAT AS PART OF THE ACH PROCESS, ONCE FUNDS ARE DEBITED FROM THE BANK ACCOUNT SHOWN BELOW PURSUANT TO THIS AGREEMENT, SUCH FUNDS SHALL BE PLACED IN ONE OR MORE AC ACCOUNTS AT AC'S BANK AND THAT AC SHALL BE THE ONLY ENTITY AUTHORIZED ON SUCH ACCOUNTS. I FURTHER ACKNOWLEDGE THAT SUCH BF ACCOUNTS SHALL BE SUBJECT TO SETOFF BY AC'S BANK.

Electronic Funds Transfer (15 U.S.C. § 1693): I hereby acknowledge receipt of notice by the financial institution described here within of: (i) the undersigned's liability for an unauthorized electronic fund transfer, (ii) the undersigned's duty to promptly report such unauthorized transfers, (iii) the undersigned's liability for charges for electronic fund transfers, (iv) the undersigned's right to stop payment of pre-authorized electronic fund transfers, (v) the procedure to initiate such stop payment orders, (vi) the right to receive documentation of electronic fund transfers, and (vii) the Bank's liability pursuant to the Electronic Funds Transfer Act found at 15 U.S.C. § 1693, et al.

Limitation of Action: I acknowledge that I have 60 days from the date of a withdrawal from or deposit to the account shown below to dispute the withdrawal or deposit by contacting my employer and AccuChex, Inc. by telephone and later supplemented in writing, or in writing of any discrepancies, errors or disputes concerning any transfer of funds to or from any account processed by Intercept. This will include but not limited to, errors in amounts, erroneous transactions, or other transactions processed. All written notices must include the following information:

- a) **The name of the company with whom the undersigned authorized the transaction, i.e.,**
- b) **employer and/or third party;**
- c) **Federal Taxpayer ID number of the company authorized to make the transaction;**
- d) **Federal Taxpayer ID number of the undersigned;**
- e) **The name of the undersigned;**
- f) **The name, account number and ABA number on the transaction in question;**
- g) **The dollar amount of the transaction in question; and**
- h) **Description of the error and explanation of the error.**

I understand and agree that my employer, its agent, or AC will inform me of the results of their investigation within ten (10) days of the receipt of the complaint and will correct any error promptly. I understand and agree that if my employer, and/or its agent, or AC need more time, AC may take up to 45 days to investigate the undersigned's 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.

Undersigned's Name

Date

Financial Institution

Branch

City

Phone Number

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Routing (ABA) Number

Account Type: Checking Savings

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Routing (ABA) Number

Account Type: Checking Savings

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Undersigned's Signature

Social Security Number

Please attach to this authorization a voided personal check for verification of all checking account information.