Elite Filings

Authorization Agreement For Preauthorized Payments

Company Name		
We hereby authorize Elite Filings. and its agenentries for the following preauthorized payme	•	• 0
Tax Deposits Fil	ing Service Fees	
Bank Name		
(Bank must be locate	ed in the territorial jurisdiction of the Unite	d States)
Routing/Tr. No.	Acct. No	
This authorization is to remain in effect until I its termination in such time and manner as to a on it. Elite Filings is also herby authorized to of determining the type and manner of service	afford Elite Filings and the bank a reasona investigate our credit worthiness and credi	ble opportunity to act
The term "days" used below refers to banking information to Elite Filings.	g days. Bank holidays must be considered v	when providing filing
The total amount of the taxes and fees will be your filing date falls on a weekend, the total a account on the Friday prior to your filing date	mount of fees and taxes will be debited from	
Changes to the above bank accounts must be pschedule date does not allow that, then we wil situation). In some cases, paper checks will be funds will be required. If the tax total for a check date exceeds \$100 banking day prior to the check date. (If funds to the check date)	Il provide you with specific instructions de processed while the account change is effective. 2.000, the total amount must be wired to El are not received, it may delay tax payment	pending on your fected and/or wired lite Filings at least one
late payment fees from the applicable taxing a We agree to be in compliance with National A and guidelines.	•	ACHA) operating rules
This agreement may be modified at any time of services constitutes acknowledgement and		s. Continued usage
I hereby authorize bank debit and credit entrie understanding of the above information.	es for the indicated services shown above a	nd acknowledge my
X		
Customer Signature	Title	Date
For office use only: Customer ID	-	