



# Precision Payroll Services Inc.

## WIRE TRANSFER AUTHORIZATION

This form requests your Bank, \_\_\_\_\_, to honor wire transfer draw-down requests as described below.

### AUTHORIZATION AGREEMENT FOR DRAW-DOWN TRANSFERS

Name \_\_\_\_\_ Account Number \_\_\_\_\_  
Routing Number \_\_\_\_\_

I (we) hereby authorize our Bank, \_\_\_\_\_, to act on our behalf to respond to "Wire Transfer Draw-Down Request" from the company listed below. The response will result in the initiation of a charge to our account and the creation of outbound wire transfers to the Checking or Savings Accounts(s) for the company and the Depository/Institution named below. I certify that I am the owner or an authorized signer on these accounts and have unlimited withdrawal or deposit rights on the depository/s records. I (we) acknowledge that the origination of wire transfers to this account must comply with the provisions of U.S. law. This authorization shall remain in effect until the bank is notified in writing to cancel the service. (Mark type of transfers requested. Make copies of this form for additional accounts.)

Purpose of Transfers:  Payroll Transfers  Corporate Transfers  Other \_\_\_\_\_

Company/Draw-Down Recipient: \_\_\_\_\_ ACH Processing Company

Depository/Institution Name: \_\_\_\_\_ First Premier Bank

City: \_\_\_\_\_ Sioux Falls State: \_\_\_\_\_ South Dakota Zip: \_\_\_\_\_ 57101

Routing Number: \_\_\_\_\_ 091408598 Account Number: \_\_\_\_\_

Account Type:  Checking  Savings

Maximum Limitation of Draw-Down:  Balance In Account  Other: \_\_\_\_\_

*This authorization is to remain in full force and effect until the bank has received written notification from an authorized representative of our Institution of its termination in such time and manner as to afford the bank a reasonable opportunity to act.*

Funding Account Title: \_\_\_\_\_

Authorized By: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Contact information for inquiries regarding this authorization:**

Primary Telephone Number: \_\_\_\_\_ 973-706-6660

Email Address for Authorized Representative: \_\_\_\_\_ support@ppspayroll.com

FAX SIGNED AUTHORIZATION TO: \_\_\_\_\_ 973-706-6661

ACH Processing Company Representative: \_\_\_\_\_