



**ACH AUTHORIZATION RELEASE**  
**PrimePay, LLC**  
**Auto-Debit Automatic Payment Service**

**Employer Name:** \_\_\_\_\_

hereby authorizes PrimePay and my financial institution to automatically deduct from the checking account as noted below all future payments for my PrimePay invoices. I understand that both PrimePay and my financial institution reserve the right to terminate this authorization and my participation therein. I understand that I will be assessed a \$50.00 NSF fee in the event of a returned auto debit. If I choose to terminate this authorization, I will notify PrimePay immediately in writing.

**PrimePay Account Name:** \_\_\_\_\_

**PrimePay Account Number (first four digits of an invoice number):** \_\_\_\_\_

**Financial Institution Name:** \_\_\_\_\_

**Routing Number:** \_\_\_\_\_

**Bank Account Number:** \_\_\_\_\_

**Information Provided By:** \_\_\_\_\_

(Please print your name.)

**Authorized Signature:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Note: Auto Debit will be in effect following your next invoice and will be drawn on the 10<sup>th</sup> of each month.*

**Please return this Agreement and all related forms by e-mail or fax to your designated PrimePay contact.**