



325 Wood Road
 Braintree, Massachusetts 02184
 Telephone: 617-298-1000 Facsimile: 781-843-3450

CEOS Corporation DBA @TimePay\$ Service Agreement

Legal
 Co. Name: _____ Contact: _____

Address: _____ CPA/Bookkeeper _____ Phone _____

Employer ID: _____ Rep. _____ Referral _____

Phone: _____ Cell: _____ Fax: _____ Email Address _____

- | | | | | |
|--------------------------------|--|---|---|--|
| <u>Time Keeping</u> | <u>Payroll</u> | <u>Human Resources</u> | <u>Ancillary Products</u> | |
| <input type="checkbox"/> Swipe | <input type="checkbox"/> PC Remote | <input type="checkbox"/> HR Answers OL | <input type="checkbox"/> QB G/L Export | <input type="checkbox"/> 401K Nationwide |
| <input type="checkbox"/> BIO | <input type="checkbox"/> Online | <input type="checkbox"/> HR On Demand | <input type="checkbox"/> PT G/L Export | <input type="checkbox"/> Cash Card |
| <input type="checkbox"/> Phone | <input type="checkbox"/> GREEN | <input type="checkbox"/> HR Inf. Software | <input type="checkbox"/> Worker's Comp Ins. | <input type="checkbox"/> Visa / MC |
| <input type="checkbox"/> Web | <input type="checkbox"/> Fax/Phone | | <input type="checkbox"/> 401K Online | |
| | <input type="checkbox"/> Cloud Payroll | | | |

INITIAL CHARGES

_____ Magnetic time cards @ \$1.75 per card \$ _____

_____ Card racks (10 cards - \$ 20.00), (25 - \$ 25.00), (40 - \$ 35.00) _____

Sales Tax (Where applicable) _____

Signature Encryption \$ 50 onetime fee _____

Set up fee, programming, company set up, Payroll set up _____

Total Due this invoice \$ _____

ESTIMATED RECURRING TIME KEEPING, TAX FORM & PAYROLL CHARGE

Base fee per pay period Weekly Bi-weekly Semi-Monthly Monthly \$ _____

Includes _____ Clocks, Licenses, Compilation, Standard Shipping To One Location (subject to additional Fuel Surcharges), Quarterlies & Unlimited Reports, etc...

Per tax payment / check / employee fee \$ _____ X _____ # = _____

Envelope stuffing _____ Yes # _____ No _____

Direct Deposits _____ Yes # _____ No _____

Estimated cost per payroll period \$ _____

W-2 Set Up Fee _____ each W-2 _____

 AUTHORIZATION (I declare I am authorized to sign for the above) Title Date



Service Agreement

CEOS Corporation DBA @TimePay\$

Please list the following information for all owners and officers:

Legal

Co. Name (Client): _____

Name: _____ Title: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____ Personal Email: _____

Name: _____ Title: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____ Personal Email: _____

Name: _____ Title: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____ Personal Email: _____

Both CLIENT and CEOS Corporation dba **@TimePay\$** hereafter TIMEPAYS agree in establishing and continuing a working relationship concerning payroll processing and or time and attendance and other ancillary services. CLIENT shall pay TIMEPAYS for services rendered at mutually agreed upon rates TIMEPAYS shall have the right to change prices without prior notice. CLIENT shall make its bank account number available to TIMEPAYS. TIMEPAYS shall automatically debit CLIENT bank account for all fees and charges as may be incurred. CLIENT agrees to reimburse TIMEPAYS for any and all expenses TIMEPAYS may incur, including interest and attorney fees, in taking any action to collect amounts due TIMEPAYS. TIMEPAYS shall deposit funds in TIMEPAYS tax trust accounts, Direct Deposit trust accounts, CLIENT Employee accounts and TIMEPAYS fees in TIMEPAYS Bank accounts but not limited to these accounts as agreed in a timely manner after funds are collected from CLIENT accounts. Credit earnings or interest earnings on funds deposited by CLIENT hereunder, pending settlement to payee on respective settlement dates, will be for the sole benefit of TIMEPAYS. CLIENT understands and acknowledges that TIMEPAYS is not a bank but that TIMEPAYS processes EFT transactions through the Federal Reserve Bank via ACH.

Should CLIENT cause an NSF transaction by error or by design, CLIENT shall establish an NSF Reserve Account immediately via Fed Wire Transfer with TIMEPAYS to equal that NSF transaction plus ten (10) percent. Should any future NSF exceed the current Reserve Account amount, CLIENT shall wire sufficient funds to TIMEPAYS to match the current NSF plus ten (10) percent. For no reason and at the discretion of TIMEPAYS, The Federal Reserve or any entity involved in CLIENT transfer of funds, future CLIENT ACH, EFT, privileges may be rescinded. Should CLIENT not reimburse TIMEPAYS for funds advanced by TIMEPAYS in good faith, the officers of said CLIENT agree to be personally liable for the deficit amount. Such deficits are subject to interest and service charges. CLIENT shall indemnify and hold harmless TIMEPAYS from and against any loss, liabilities, claims or damages, including attorneys' fees, arising from any breach by CLIENT of the terms and conditions of this Agreement or any fraudulent or dishonest acts or omissions of CLIENT or CLIENT Payees, employees or agents involving CLIENT use of the Service. It is agreed that TIMEPAYS assumes no liability or obligation for tax payments or tax filing for uncollected funds and that former tax funds held in escrow shall be used to satisfy any fees, shortfalls and NSF for the sole benefit of TIMEPAYS including but not limited to redirecting existing tax payments, any and all tax money paid and held in escrow.

CLIENT agrees that the electronic time clock (if applicable) is and remains the property of TIMEPAYS. In the event that TIMEPAYS ceases to be CLIENT time keeping, provider CLIENT will return the clock and ancillary attachments immediately. In the event that the clock is damaged or stolen CLIENT will reimburse TIMEPAYS for the cost of a new clock. CLIENT agrees to payment by automatic withdrawal from CLIENT bank account for all fees and funds related to this agreement. CLIENT agrees that CLIENT is responsible for all payroll and taxes and for any mistakes, omissions, errors that are caused by CLIENT assigns, employees or officers that generate fees, interest or charges. If any ACH transmission is denied due to CLIENT error or negligence CLIENT agrees that CLIENT will immediately wire those funds, all penalty charges and all future funds to TIMEPAYS upon demand.

 AUTHORIZATION (I declare I am authorized to sign for the above) Title Date

Between _____, Herein after "Client" and CEOS Corporation DBA @TimePay\$.
 Client and CEOS Corporation DBA @TimePay\$ intending to be legally bound hereby, agree as follows:

1. **TERM.** The initiation of direct deposit services by CEOS Corporation DBA @TimePay\$ is subject to the acceptance of Client's credit and the approval of the Originating Depository Financial Institution (ODFI) and/or its agent that will be originating instructions on CEOS Corporation DBA @TimePay\$ behalf. If accepted and should you agree to the terms of this agreement and the terms and conditions of the ODFI and/or its agent, services will begin on the implementation date and will continue until terminated upon 90 days prior written notice by either party or as otherwise provided for hereby.
2. **DIRECT DEPOSIT SERVICES AND FEE AUTHORIZATIONS.** CEOS Corporation DBA @TimePay\$ will process Client's payroll and or other services on direct deposit by initiating electronic debit and credit instructions and/or wire transfer instructions in accordance with this Agreement. FOR ANY CLIENT PAYROLL FILE CONTAINING \$100,000 OR MORE IN DIRECT DEPOSIT CREDITS, THE CLIENT MAY, AT CEOS Corporation DBA @TimePay\$ SOLE OPTION, BE REQUIRED TO FUND SUCH PAYROLL FILE BY WIRE TRANSFER. CLIENT WILL BE RESPONSIBLE FOR PAYMENT OF WIRE TRANSFER CHARGES, WHICH WILL BE ASSESSED BY CLIENTS BANK. CEOS Corporation DBA @TimePay\$ will, and Client hereby authorizes CEOS Corporation DBA @TimePay\$ to, initiate debits or reverse wire transfers, as the case may be, to Client's bank account ("Client's Account") described in CEOS Corporation DBA @TimePay\$ Terms and Conditions prior to each pay date or invoice date for Client's payroll ("Pay date") and credit the bank accounts of Client's employees and others to be paid by Client by direct deposit payment on Pay date (a "Payee"), all in compliance with the operating rules of the National Automated Clearing House Association and the terms and conditions hereof. Client will notify CEOS Corporation DBA @TimePay\$ immediately of any change in the information in the Authorization Agreement at least 14 days before the effective date of any such change. Client will also obtain a written authorization from any Payee prior to the initiation of the first credit to the account of such Payee and shall provide upon demand a copy of such written authorization to CEOS Corporation DBA @TimePay\$. Client will indemnify and hold CEOS Corporation DBA @TimePay\$ harmless from any and all claims or loss (including, but not limited to liabilities, legal costs, expenses, incidental, consequential, or punitive damages).
3. **CLIENT RESPONSIBILITIES.** Client will: (a) complete and execute all required documentation so that CEOS Corporation DBA @TimePay\$ may withdraw funds from Client's Account to process direct deposit payrolls; (b) input or report all relevant payroll data to CEOS Corporation DBA @TimePay\$ no later than 11:00 a.m. Eastern Standard Time (EST) two banking days prior to each Pay date; (c) have available in Client's Account good, collected funds in an amount sufficient for CEOS Corporation DBA @TimePay\$ to cover the debits initiated by CEOS Corporation DBA @TimePay\$ hereunder no later than the opening of business (i) two banking days prior to each Pay date for debits by electronic entry, and (ii) two banking days prior to each Pay date for funding by wire transfer; and (d) compare all reports on credits or debits initiated by to Client's records and promptly notify CEOS Corporation DBA @TimePay\$ of any discrepancies. Client and CEOS Corporation DBA @TimePay\$ may agree to vary certain of these responsibilities depending on Client needs and circumstances.
4. **DEFAULT; TERMINATION.** CEOS Corporation DBA @TimePay\$ shall have the right, at its option, to terminate this Agreement immediately without prior notice to Client if (a) Client's Account is not funded as required by this Agreement and as a result any debit to Client's Account is returned to CEOS Corporation DBA @TimePay\$ or ODFI and/or its agent; (b) Client fails to pay any sum due to CEOS Corporation DBA @TimePay\$ due hereunder or perform any obligation required to be performed hereunder; (c) Client files or has filed against it a petition for bankruptcy or becomes insolvent or has a substantial portion of its property become subject to levy, execution or assignment; (d) ODFI and/or its agent notifies CEOS Corporation DBA @TimePay\$ that it is no longer willing to originate debits and credits for Client for any reason; (e) CEOS Corporation DBA @TimePay\$ agreement with ODFI and/or its agent is terminated. If CEOS Corporation DBA @TimePay\$ terminates this Agreement, CEOS Corporation DBA @TimePay\$ obligation under this Agreement shall cease and CEOS Corporation DBA @TimePay\$ sole responsibility to Client shall be to return to Client any payroll funds then held by CEOS Corporation DBA @TimePay\$ after the deduction of all fees and expenses due CEOS Corporation DBA @TimePay\$, ODFI and/or its agent.
5. **LIMITATION OF LIABILITY.** CEOS Corporation DBA @TimePay\$ sole liability to Client or any third party hereunder shall be for claims arising out of errors or omissions in the Services caused solely by CEOS Corporation DBA @TimePay\$, and the sole remedy shall be to furnish a correct advice of deposit, and/or corrected or reversal debit or credit entry, as the case may be; provided that, in each case Client advises CEOS Corporation DBA @TimePay\$ no later than one business day after the occurrence of such errors or omissions. CEOS Corporation DBA @TimePay\$ MAKES NO WARRANTY, REPRESENTATION OR PROMISE TO CLIENT IN CONNECTION WITH THIS AGREEMENT, AND DISCLAIMS ALL EXPRESS OR IMPLIED WARRANTIES, INCLUDING ANY IMPLIED WARRANTIES WITH RESPECT TO THE SERVICES. IN NO EVENT SHALL CEOS Corporation DBA @TimePay\$ OR ITS AGENTS BE LIABLE FOR ANY INDIRECT, SPECIAL, INCIDENTAL, CONSEQUENTIAL, OR PUNITIVE DAMAGES, INCLUDING LOSS OF ANTICIPATED PROFITS OR OTHER ECONOMIC LOSS, TO CLIENT OR THIRD PERSONS, WHETHER SUCH DAMAGES RESULT FROM CEOS Corporation DBA @TimePay\$ BREACH OF THIS AGREEMENT, BREACH OF WARRANTY, ITS NEGLIGENCE OR THAT OF ITS AGENTS.
6. **INDEMNIFICATION; REIMBURSEMENT.** Client acknowledges that CEOS Corporation DBA @TimePay\$ is acting solely in the capacity of data processing agent and is not a source of funds for Client. Client shall be liable for each debit initiated by CEOS Corporation DBA @TimePay\$, whether by electronic entry or wire transfer. Client promises to pay CEOS Corporation DBA @TimePay\$ on demand the amount of any unfunded direct deposit file, with interest, and all CEOS Corporation DBA @TimePay\$ or third party fees or charges including, without limitation, any debit returned to CEOS Corporation DBA @TimePay\$ due to insufficient or uncollected funds or for any other reason. Should Client not reimburse CEOS Corporation DBA @TimePay\$ for funds advanced by CEOS Corporation DBA @TimePay\$ in good faith, the officers of said Client agree to be personally liable for the deficit amount. Such deficits are subject to interest and service charges. Client shall indemnify and hold harmless CEOS Corporation DBA @TimePay\$ from and against any loss, liabilities, claims or damages, including attorneys' fees, arising from any breach by Client of the terms and conditions of this Agreement or any fraudulent or dishonest acts or omissions of Client or Client's Payees, employees or agents involving Client use of the Service.
7. **PAYMENT; FEES.** Client shall pay CEOS Corporation DBA @TimePay\$ for the Services at the prices as may pertain from time to time and CEOS Corporation DBA @TimePay\$ shall have the right to change this price list without notice to Client. Payments by Client shall be made on the terms set forth in CEOS Corporation DBA @TimePay\$ Terms and Conditions via ACH direct deposit. Client agrees to reimburse CEOS Corporation DBA @TimePay\$ for any and all expenses CEOS Corporation DBA @TimePay\$ may incur, including interest and reasonable attorneys' fees, in taking action to collect any amounts due CEOS Corporation DBA @TimePay\$ hereunder. Any credit earnings or interest earned on funds deposited by Client with CEOS Corporation DBA @TimePay\$ hereunder pending payment to Payee on respective Pay dates will be for the benefit of CEOS Corporation DBA @TimePay\$.
8. **REFUND/ADJUSTMENTS.** Any refunds/adjustments will not be processed by CEOS Corporation DBA @TimePay\$ until verification is available that good, collected and the final funds from Client are in CEOS Corporation DBA @TimePay\$ account.
9. **GENERAL TERMS.** (a) This agreement shall not be assigned by Client without the prior written consent of CEOS Corporation DBA @TimePay\$ and any assignment attempted to be made without such consent shall be void; (b) this Agreement contains the entire agreement of the parties and may be modified only by a writing signed by both parties; (c) if any provision of this Agreement or any portion thereof shall be held to be invalid, illegal or unenforceable, the validity, legality or enforceability of the remainder of this Agreement shall not in any way be affected or impaired; and (d) this Agreement shall be governed by, and construed in accordance with, the laws of the State of Massachusetts. All hardware, time clocks, etc. remain the property of TimePays and will be returned in good condition at the termination of services.

For: _____
 (CEOS Corporation DBA @TimePay\$)

For: _____
 (Client)

By: _____
 (Signature/Date)

By: _____
 (Authorized Officer Signature/Date/Title)

- 7 Notices and communications.** Original notices and other written communications will be sent to you and a copy to the first representative listed on line 2.
- a** If you also want the second representative listed to receive a copy of notices and communications, check this box
- b** If you do not want any notices or communications sent to your representative(s), check this box

8 Retention/revocation of prior power(s) of attorney. The filing of this power of attorney automatically revokes all earlier power(s) of attorney on file with the Internal Revenue Service for the same tax matters and years or periods covered by this document. If you do not want to revoke a prior power of attorney, check here.

YOU MUST ATTACH A COPY OF ANY POWER OF ATTORNEY YOU WANT TO REMAIN IN EFFECT.

9 Signature of taxpayer(s). If a tax matter concerns a joint return, **both** husband and wife must sign if joint representation is requested, otherwise, see the instructions. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, or trustee on behalf of the taxpayer, I certify that I have the authority to execute this form on behalf of the taxpayer.

▶ IF NOT SIGNED AND DATED, THIS POWER OF ATTORNEY WILL BE RETURNED.

Signature	Date	Title (if applicable)
Print Name	PIN Number <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Print name of taxpayer from line 1 if other than individual
Signature	Date	Title (if applicable)
Print Name	PIN Number <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

Part II Declaration of Representative

Caution: *Students with a special order to represent taxpayers in Qualified Low Income Taxpayer Clinics or the Student Tax Clinic Program, see the instructions for Part II.*

Under penalties of perjury, I declare that:

- I am not currently under suspension or disbarment from practice before the Internal Revenue Service;
- I am aware of regulations contained in Treasury Department Circular No. 230 (31 CFR, Part 10), as amended, concerning the practice of attorneys, certified public accountants, enrolled agents, enrolled actuaries, and others;
- I am authorized to represent the taxpayer(s) identified in Part I for the tax matter(s) specified there; and
- I am one of the following:
 - a** Attorney—a member in good standing of the bar of the highest court of the jurisdiction shown below.
 - b** Certified Public Accountant—duly qualified to practice as a certified public accountant in the jurisdiction shown below.
 - c** Enrolled Agent—enrolled as an agent under the requirements of Treasury Department Circular No. 230.
 - d** Officer—a bona fide officer of the taxpayer’s organization.
 - e** Full-Time Employee—a full-time employee of the taxpayer.
 - f** Family Member—a member of the taxpayer’s immediate family (i.e., spouse, parent, child, brother, or sister).
 - g** Enrolled Actuary—enrolled as an actuary by the Joint Board for the Enrollment of Actuaries under 29 U.S.C. 1242 (the authority to practice before the Service is limited by section 10.3(d) of Treasury Department Circular No. 230).
 - h** Unenrolled Return Preparer—the authority to practice before the Internal Revenue Service is limited by Treasury Department Circular No. 230, section 10.7(c)(1)(viii). You must have prepared the return in question and the return must be under examination by the IRS. See **Unenrolled Return Preparer** on page 2 of the instructions.

▶ IF THIS DECLARATION OF REPRESENTATIVE IS NOT SIGNED AND DATED, THE POWER OF ATTORNEY WILL BE RETURNED. See the Part II instructions.

Designation—Insert above letter (a–h)	Jurisdiction (state) or identification	Signature	Date

Tax Information Authorization

▶ **Do not use this form to request a copy or transcript of your tax return. Instead, use Form 4506 or Form 4506-T.**

OMB No. 1545-1185
For IRS Use Only
 Received by: _____
 Name _____
 Telephone () _____
 Function _____
 Date / / _____

1 Taxpayer information. Taxpayer(s) must sign and date this form on line 7.

Taxpayer name(s) and address (type or print)	Social security number(s) : : _____	Employer identification number : _____
	Daytime telephone number () _____	Plan number (if applicable) _____

2 Appointee. If you wish to name more than one appointee, attach a list to this form.

Name and address	CAF No. _____ Telephone No. _____ Fax No. _____ Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>
------------------	---

3 Tax matters. The appointee is authorized to inspect and/or receive confidential tax information in any office of the IRS for the tax matters listed on this line. Do not use Form 8821 to request copies of tax returns.

(a) Type of Tax (Income, Employment, Excise, etc.) or Civil Penalty	(b) Tax Form Number (1040, 941, 720, etc.)	(c) Year(s) or Period(s) (see the instructions for line 3)	(d) Specific Tax Matters (see instr.)

4 Specific use not recorded on Centralized Authorization File (CAF). If the tax information authorization is for a specific use not recorded on CAF, check this box. See the instructions on page 3. If you check this box, skip lines 5 and 6 .▶

- 5 Disclosure of tax information** (you must check a box on line 5a or 5b unless the box on line 4 is checked):
- a If you want copies of tax information, notices, and other written communications sent to the appointee on an ongoing basis, check this box▶
- b If you do not want any copies of notices or communications sent to your appointee, check this box▶

6 Retention/revocation of tax information authorizations. This tax information authorization automatically revokes all prior authorizations for the same tax matters you listed on line 3 above unless you checked the box on line 4. If you do not want to revoke a prior tax information authorization, you **must** attach a copy of any authorizations you want to remain in effect **and** check this box▶

To revoke this tax information authorization, see the instructions on page 3.

7 Signature of taxpayer(s). If a tax matter applies to a joint return, **either** husband or wife must sign. If signed by a corporate officer, partner, guardian, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute this form with respect to the tax matters/periods on line 3 above.
 ▶ **IF NOT SIGNED AND DATED, THIS TAX INFORMATION AUTHORIZATION WILL BE RETURNED.**

 Signature Date

 Signature Date

 Print Name Title (if applicable)
 PIN number for electronic signature

 Print Name Title (if applicable)
 PIN number for electronic signature



CEOS Corporation DBA @TimePay\$

TimePay\$ Automatic Blanket Billing Withdrawal Authorization

Date: _____

Company Name: _____

Address: _____

City, State, ZIP: _____

Name and Title of person authorized to order this transaction: _____

Name of Bank: _____

Address of Bank: _____

Account & routing number that funds are to be drawn on: _____

Please maintain a balance, which can accommodate your payroll and your withdrawal amount. You agree that all funds are your responsibility.

It is understood that any charges that result from overdrafts will be billed to your account plus a minimum of an additional \$50.00 service fee from @TimePay\$. In the event there are Non-sufficient funds in the account you agree to wire the funds immediately and all future funds upon demand and you will be terminated from ACH service. @TimePay\$ is not a bank or lending company.

Please attach a blank VOID check for the account funds will be drawn on.

I hereby authorize @TimePay\$ to withdraw funds for payroll, taxes, fees and billing from my bank accounts including but not limited to Processing Fees, Federal 941, Federal 940, SUTA State Unemployment, MA Health, MA Department of Revenue

In the event my account changes I authorize this form to serve as authorization for withdrawal from the new account.

I agree to the above. Signature of authorized agent.

Date

Please print name and title.



325 Wood Road
Braintree, Massachusetts 02184
Telephone: 617-298-1000 Facsimile: 781-843-3450

**CHECK SIGNER / IMPRINTER
SIGNATURE SPECIMEN FORM**

Client No: _____ Client Name: _____ Date: _____

Application: _____ Payroll Checks

VERY IMPORTANT INFORMATION

Please put your signature **INSIDE THE BOX** (Signature should not touch any of the line)

Use Only Black Ink

Please use a felt tip pen and sign all 3 boxes. For **TWO SIGNATURE REQUIREMENTS (two different signatures on checks) have one person sign the top section only and the second person sign only the bottom section (see example).

John Doe

Jane Doe
John Doe



325 Wood Road
Braintree, Massachusetts 02184
Telephone: 617-298-1000 Facsimile: 781-843-3450

New Employee Set-Up Form

Company Name: _____

Benefits: (Names and Amount)

Employee Name: _____

Male Female

Employee Card Number: _____

Social Security Number: _____

Date of Hire: _____

Time Off Accrual:

Address: _____

Tax Filing Status:

Single Married

Exemptions: _____

Direct Deposit?

Yes No

(If yes, direct deposit form is required for set up)

Extra Withholding? Fed: _____ State: _____

Pay Information:

Pay Group: _____

Pay Frequency: _____

Wage: _____ (For multiple departments, please fill in below:)

Dept# _____ Wage: _____ / Dept# _____ Wage: _____ / Dept# _____ Wage: _____

Time & Attendance:

Breaks: Swipe IN/OUT: _____ Auto _____ minutes

Rounding Policy: _____

If automatic, after how many hours? _____

Other Deductions: (Names and dollar amounts or percentages per pay period)



Direct Deposit Employee Authorization and Agreement

Date: _____

Company Name: _____

Employee Name: _____

Social Security Number: _____

Address: _____

City, State and Zip Code: _____

Bank Routing Number	State	Type	Amount	Account
		Ckg Sav		
		Ckg Sav		
		Ckg Sav		

**Please attach a voided check for the Direct
Deposit bank account**
This is required verification for each request.

I authorize my employer as noted above, CEOS Corporation dba @TimePay\$, Cachet Banq and all financial institution(s) involved in each transaction to deposit my pay automatically to the indicated account(s) and to make adjusting entries including the removal of funds if the employer does not make them available, in which case, I waive any rights I may have to return debit entries to my account and I personally guaranty the return of the funds in question.

Deposits are normally available two (2) banking days after payroll is processed. It is my responsibility to verify deposits on a per pay period basis before writing checks against these funds. This Authorization can take up to three (3) pay periods to activate. I understand that neither my employer, CEOS Corporation dba @TimePay\$ or Cachet Banq is responsible for bank errors or bank fees. Direct Deposit Financial services are provided in accordance with _____ CEOS Corporation dba @TimePay\$ Direct Deposit Agreement, Cachet Banq / CEOS Corporation dba @TimePay\$ Power of Attorney/Guaranty/Terms and Conditions and the limitations and restrictions of the National Automated Clearing House Association. I may cancel these Direct Deposit(s) at any time.

Name and Title: _____

Signature: _____ Date: _____