

AUTHORIZATION AGREEMENT FOR AUTOMATIC BILLING

I (We) hereby authorize Johnson Employer Support Services, 71-0471125
COMPANY NAME *CO. TAX I.D. NUMBER*

hereinafter called COMPANY, to initiate debit entries to my (our)

() Checking () Savings (Select one)

account indicated below and the depository financial institution named below, hereinafter called DEPOSITORY, to debit the same to such account.

FINANCIAL INSTITUTION NAME *CITY* *STATE* *ZIP CODE*

ROUTING NUMBER *ACCOUNT NUMBER*

PLEASE ATTACH A VOIDED CHECK

This authority is to remain in full force and effect until COMPANY has received **written** notification from me (or either of us) of its termination in such time and in such manner as to allow COMPANY and DEPOSITORY a reasonable opportunity to act on it.

NAME(S) ON ACCOUNT (PLEASE PRINT) *CUSTOMER I.D. NUMBER*

DATE *SIGNATURE* *SIGNATURE*