

Varsity Computing, Inc.

dba Dallas Payroll

1219 Abrams Road, Suite 320

Richardson, TX 75081

(214)553-0700 Fax (972)470-0960

COMPANY DEBIT AUTHORIZATION FORM

I (we) hereby authorize Varsity Computing, Inc. (The Company) to initiate a Charge entry to my (our) checking/savings account at the financial Institution indicated below, and initiate adjustments (if necessary) for any transactions debited in error. This authority will remain in effect until The Company is notified by me (us) in writing to cancel it in such time as to afford The Company and Financial Institution a reasonable opportunity to act on it.

Name of Financial Institution

Address

Address

City, State Zip

Financial Institution's Routing transit Number
(look between symbols “:” and “-” on your check)

Checking Account Number

Savings Account Number

Customer Signature

Date

Customer Name (Print Name)

Please attach a copy of your company's canceled check.