

## Electronic Payment Authorization

This authorizes Leclerc Group Accounting & Payroll to coordinate the transmission of debit entries and appropriate credit and adjustment entries), from the bank account indicated below to employees' accounts, as well as the United States Treasury and the State of Maine. This authorizes the financial institution holding the account to post all such entries.

### Account Information:

Company Name: \_\_\_\_\_

Authorized Signer: \_\_\_\_\_

Bank Name: \_\_\_\_\_

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

Account Number: \_\_\_\_\_

Account Type: \_\_\_\_\_

\* Please attach a voided check

This authorization will remain in effect until Leclerc Group Accounting & Payroll receives a written termination notice from said account holder and has a reasonable opportunity to act on it.

\_\_\_\_\_  
SIGNATURE(S)

\_\_\_\_\_  
PRINTED NAME(S)

\_\_\_\_\_  
DATE