



Client _____	EIN # _____ - _____ - _____
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## Client Tax Service & Banking Agreement

Payroll Solutions, Inc, (PSI) offers a TAX SERVICE and takes responsibility for making tax deposits and the timely filing of FEDERAL, STATE, and LOCAL EMPLOYMENT TAX RETURNS. In order to utilize this service, PSI requires that the client agree to the following:

1. CLIENT agrees to execute an “EMPLOYER APPOINTMENT OF AGENT” and “TAX INFORMATION AUTHORIZATION” along with this “CLIENT TAX SERVICE & BANK AGREEMENT” in order to receive tax filing services.
2. CLIENT authorizes PSI to have limited Power of Attorney (POA) to sign and send all obligations and signed forms to appropriate governments and banks.
3. CLIENT shall comply with and be subject to the operating rules of ACH governing electronic funds transfers as such rules shall be in effect among participating banks and the FEDERAL RESERVE BANK OF CLEVELAND. PSI will utilize the ACH system to transfer funds between the CLIENT and PSI.
4. CLIENT hereby agrees to indemnify and hold each participating bank, ACH and PSI harmless from any claim incident to the operation of this plan arising from any act or omission of the CLIENT.
5. PSI requires that the total amount of tax related charges for each payroll be deposited by CLIENT into their designated DDA account at least one day prior to check date. This account shall be debited for the total amount of FEDERAL, STATE, LOCAL and UNEMPLOYMENT TAXES and credited to PSI the day before their check date.
6. CLIENT hereby agrees that if sufficient funds cover CLIENT’S tax related charges are not in CLIENT’S DDA account one (1) day prior check date:
  - A. PSI may terminate CLIENT from tax service.
  - B. CLIENT will become responsible for all tax deposits and filings then and thereafter with related penalties and interest.
  - C. PSI and BANK will have no further obligations to CLIENT with respect to tax filing services.
7. If TAX SERVICE is terminated, PSI reserves the right to deduct CLIENT’S outstanding fees from escrow tax funds, before said monies are returned to CLIENT.

**Client**

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Print Authorized Officer’s Name

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Authorized Officer’s Signature

\_\_\_\_\_

Officer’s Title

\_\_\_\_\_

Date

**Payroll Solutions, Inc.**

\_\_\_\_\_

PSI Representative

\_\_\_\_\_

Title

\_\_\_\_\_

Date