

Varsity Computing, Inc.
dba Dallas Payroll
1221 Abrams Road, Suite 350
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

City, State

Financial Institution's Routing transit Number
(look between symbols ":|:" 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.

CONFIDENTIALITY NOTICE

This document contains personal and confidential information. Extreme care should be taken to transmit this information to Varsity Computing, Inc. It is recommended this document should be either mailed to the address above, faxed to the fax number above, or emailed via a secure document service.