

## Digitized Signature Authorization Form

### Power of Attorney to Execute Documents

Client hereby gives to Intuit Inc., client's power of attorney to execute, sign and deliver checks or drafts drawn on client's financial institution, whether against funds actually at the time standing to client's credit, or against, or in anticipation of deposits to be made or funds to be placed to client's credit or account thereafter; client further agrees to indemnify Intuit against all claims, demands, damages, or costs Intuit may incur by reason of signing and delivering checks or drafts on client's bank account, whether against funds actually at the time standing to client's credit or against, or in anticipation of deposits made or funds to be placed to client's credit or account.

Should it become necessary for Intuit, its agents, successors, or assigns to incur any costs or expenses whether direct or indirect, including but not by way of limitation, attorney's fees, investigator's fees, collection fees or court costs in connection with any claim or demand for which indemnification is provided by this agreement, or in connection with any attempt to recover losses incurred on such claim or demands, or in connection with the enforcement of this agreement or any portion of this agreement, client agrees to pay Intuit such reasonable costs, expenses or expenditures made or liability incurred by Intuit.

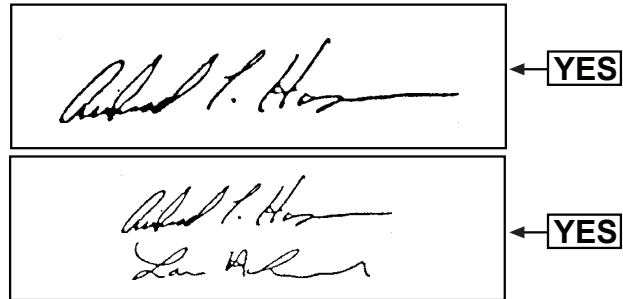
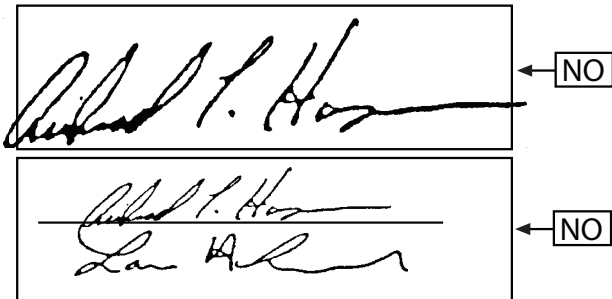
Intuit shall be given written notice by certified or registered mail to Intuit, of any act or occurrence involving a liability, loss, claim or demand with respect to which indemnification is provided by this agreement immediately after such occurrence shall have come to client's knowledge. Client further agrees that client's ignorance of such fact or occurrence shall not excuse the giving of such immediate notice to Intuit, if in the exercise of reasonable care, client should have known of it.

_____	_____	_____
FEIN	Customer Account #	Company Name
_____	_____	_____
Client		Date
_____	_____	_____
Client		Date

### INSTRUCTIONS:

1. Individual(s) who are authorized to sign on the payroll account should sign their name in the box below using a black ball point pen. Any portion of the signature which falls outside the box will not appear on the checks.
2. Return this form to accountmaintenance@Intuit.com or FAX 1-858-525-7920. Do not fold, bend or otherwise damage the form.

### SAMPLES



### FOR INTERNAL USE ONLY

CLIENT NAME _____	CLIENT ACCOUNT # _____
PROCESSING CENTER BRANCH _____	PROCESSING CENTER BRANCH CONTACT _____
SALES OFFICE _____	SALES CONTACT _____
TARGET PAYROLL RUN DATE _____	DATE SUBMITTED TO LASER DEPT _____