



Toll Free: 1-800-734-6880 • Fax: 1-800-322-6880 • www.payrollmgt.com

## DIRECT DEPOSIT OF PAYROLL Authorization Agreement

Company Name	Company I.D. Number
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This authorizes PAYROLL MANAGEMENT INC (the "Company") to send credits (and appropriate debit entries), electronically or by any other commercially accepted method, to my (our) account indicated below and to other accounts I (we) identify in the future. This authorizes the financial institution holding the Account to post all such entries.

**Indicate type of account** (*select one*)      **Checking**                      **Savings**                      **Other:** \_\_\_\_\_

**Is this request a:**      New Setup/Account      or      Change to an existing direct deposit

<b>Bank or Savings Association</b>		
Bank Name	State	
Routing #	Account #	
Amount _____	%	\$

This authorization is to remain in full force and effective until Company has received written notification from me of its termination in such time and manner as to afford Company and Bank a reasonable opportunity to act of it.

Employee Name (print)	Name On Account (if different)	
Employee Signature	Date	Employee #
<b>Employee Email Address</b> ( <i>please print</i> ):		

An authorized client representative must review and authorize this form by signing below.

Client Representative Signature	Client Representative Name Printed	Date
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**Please submit a voided check or bank form for our processing and verification.**

*If a check or form from the bank is not provided, a live check will be issued until account is verified.*

**Email or Staple Your  
Voided Check or MICR-Specification Sheet  
Here**