

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

## DIRECT DEPOSIT OF PAYROLL Authorization Agreement

Company	Name
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Company I.D. Number

I hereby authorize <u>PAYROLL MANAGEMENT INC</u>, hereinafter called Company to make payment of any Net Pay owing me for Direct Deposit of Payroll to the Bank indicated below, hereinafter called Bank, and authorize Bank to credit such amounts to my:

indicted type of account (check one	indicted type of account	(check o	ne)
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Checking

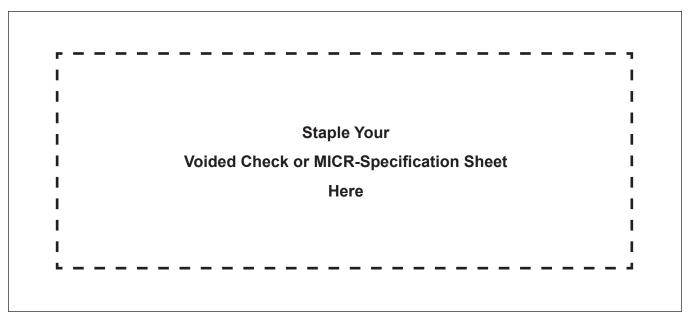
Savings

Bank or Savings Association					
Name	Address	Address			
Branch	City	Zip			
Account No.	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.

Name(print)	Department No.	
Signature	Date	Employee No.

## Employee Email Address For Employee Self Service (please print)



Submit a voided check for our processing and verification.