



PAYROLL MANAGEMENT, INC.

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

I hereby authorize PAYROLL MANAGEMENT INC., 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) Checking Savings

Bank or Savings Association		
Name	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)*

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

Submit a voided check for our processing and verification.