



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 ID 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:

Indicate type of account: Checking Savings

Bank or Savings Association

Name	State
Acct. No.	Routing No.
Amount	\$Net Pay _____ %Net Pay _____ Net _____

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 the Company and Bank a reasonable opportunity to act on it.

Name (print)	Dept. No.
Signature	Date EE No.

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

Staple Your Voided Check or MICR-Specification Sheet Here

Please submit a voided check for our processing and verification

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