



**DIRECT DEBIT AUTHORIZATION FORM FOR THE COMPANY**

**(ATTACH VOIDED CHECK HERE)**

**Important!** Employers, please read and sign the following before you complete and submit your account information.

The undersigned hereby authorizes The Payroll Department, Inc. ("Service Bureau") to debit any sums I may owe to Service Bureau from the bank or other financial institution ("Financial Institution") accounts identified below. If any debit is made to my account in error by Service Bureau, Financial Institution is authorized to accept the return of erroneous payment from Service Bureau and to credit my account for the same in an amount not to exceed the amount of the erroneous debit. If the Service Bureau debits my account for any sums I may owe and there are non sufficient funds in my accounts identified below, I understand that I will be subject to the laws of the Prosecutor in my area if not paid in full within five (5) business days to Service Bureau. This authorization shall remain in effect until revoked by the undersigned in writing so as to allow Service Bureau and Financial Institution a reasonable opportunity to act.

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Financial Institution Name (please print)

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City/State/ZIP

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Bank Account Number

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Bank Routing Number

I (we) have read the terms of this application and agree to the terms. This authorization will remain in full force and effect until The Payroll Department, Inc. has received written notification from Company represented below of its termination in such time and in such manner as to afford The Payroll Department, Inc. and my financial institution a reasonable opportunity to act on it.

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Name of Company

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Date

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Signature of Authorized Representative

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Position with Company

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Address/Telephone Number