



Local: (207) 783-6880 • Toll Free: 1-800-734-6880 • Fax: (207) 753-0484 • www.payrollmgt.com

**DIRECT DEPOSIT OF PAYROLL  
Authorization Agreement**

Company Name
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Company I.D. Number
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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:

indicated type of account (check one)     Checking     Savings

<b>Bank or Savings Association</b>		
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 on it.

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

<div style="border: 2px dashed black; padding: 20px; margin: 0 auto; width: 80%;"> <p>Staple Your Voided Check or MICR-Specification Sheet Here</p> </div>
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Submit a voided check or deposit slip for our processing and verification. Send authorization agreement with cancelled check or MICR sheet to: