

Payroll Direct Deposit Authorization Form

Company Name _____ Company Tax ID # _____

I authorize _____, hereinafter called COMPANY, to initiate credit entries to my (check one) **Checking** **Savings** account indicated below at the depository financial institution named below, hereinafter called DEPOSITORY. Also, if necessary, COMPANY may initiate adjustments for any transactions credited in error.

Depository

Bank Name _____ Branch _____

City _____ State _____ Zip _____

Routing/Transit Number _____ Account No. _____

Optional

Depository Bank
Verification _____ Date _____
(Signature of Bank Representative)

This authorization will have remaining full force and effect until COMPANY has received written notification from me of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Employee

Name _____ SSN _____
(Please Print)

Employee
Signature _____ Date _____

Note: In the case of revoked authorization, all written authorizations must be revoked only by notifying the originator (COMPANY) in writing no later than 15 days before the next transaction effective date.

A voided check must be attached to this form. Staple voided check below.

e-B 105

ACH CREDIT FILE



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