



153 Lovells Lane, Suite F
Marstons Mills, Ma. 02648

508-428-5522
508-428-5507 (fax)

Authorization Agreement for Direct Deposits

Employee Name: _____

Company: _____

Email Address: _____

Social Security #: _____

I hereby authorize BizChecks Payroll to initiate credit entries and if necessary to initiate debit entries and adjustments for any credit entries in error to my account indicated below and the bank named below, to credit and/or debit the same to such account.

	Account # 1	Account #2
Bank Name		
Branch		
City		
State		
Transit/ABA #		
Account Type (checking or savings)		
Account Number		
\$ Amt. or Net Pay		

This authority is to remain in full force and effect until written notification is received by **BizChecks Payroll** of its termination in such time and in such manner as to afford **BizChecks Payroll** and the bank a reasonable opportunity to act on it.

Name: _____

Signature: _____ Date: _____

***Please attach a voided check for checking account direct deposits and a deposit slip for savings account direct deposits.**