

AUTHORIZATION FOR PAYROLL DEDUCTION AND DISBURSEMENT TO A CHECKING OR SAVINGS ACCOUNT THROUGH AUTOMATED CLEARING HOUSE

COMPANY NAME _____ FEDERAL I.D. _____

NAME OF EMPLOYEE	EMPLOYEE NUMBER	SOCIAL SECURITY NUMBER
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Bank Transit/ABA Number	Account Number	Savings	Checking	<input style="width: 50px; height: 20px;" type="text"/>	<input style="width: 50px; height: 20px;" type="text"/>
If Partial, Indicate Amount \$ _____					

Bank Transit/ABA Number	Account Number	Savings	Checking	<input style="width: 50px; height: 20px;" type="text"/>	<input style="width: 50px; height: 20px;" type="text"/>
If Partial, Indicate Amount \$ _____					

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If Partial, Indicate Amount \$ _____					

AUTHORITY IS HEREBY GIVEN YOU TO MAKE THE INDICATED PAYROLL DEDUCTIONS FROM MY WAGES AND REMIT SAME TO THE ABOVE MENTIONED BANK WHICH IS AUTHORIZED TO ACCEPT AND CREDIT SAME TO MY ACCOUNT AS SPECIFIED ABOVE. THIS AUTHORIZATION WILL REMAIN IN EFFECT UNTIL REVOKED BY MY WRITTEN ORDER.

DATE _____ SIGNED _____

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