



DIRECT DEPOSIT AUTHORIZATION FORM

Name: _____

Social Security #: _____

Client Company Name: _____

Bank Name & Routing Number	Account Number	Account Type: Checking or Savings	\$ Amt % Amt or Net Check

I authorize PayServ or its assignee to make deposits to my account(s) listed above. In the event of an error in my deposit, I also authorize same to make any necessary corrections to my account. **A minimum of one live paper check will be issued prior to completion of Direct Deposit implementation.**

Authorizing Signature: _____ Date: _____

A voided check or bank authorization agreement with account number and ABA/Routing number must accompany this form for processing.

Deposit Slips are not acceptable forms of authorization.

PLEASE ATTACH A VOIDED CHECK HERE

FOR OFFICE USE ONLY

Date Entered as Prenote: _____

Initials: _____