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NEW CHANGE TERMINATE (CHECK ONE)

Company Name: _____ **Company ID:** _____

Employee Name: _____ **Social Security Number:** _____

Email Address: _____

I hereby authorize my employer in conjunction with Payroll Solutions, Inc. to initiate credit entries, and, if necessary, debit entries for any erroneous credit entries, to my account(s) indicated below, and the financial institution(s) named below, to credit and/or debit the same to such account(s). I have attached proof of the account(s) I want credited.

Financial Institution Name: _____ **Routing Number (ABA):** _____

Account Number: _____ **Checking Savings (Check One)**

Choose one: Fixed Amount \$ _____ or _____ % or Net Pay

Financial Institution Name: _____ **Routing Number (ABA):** _____

Account Number: _____ **Checking Savings (Check One)**

Choose one: Fixed Amount \$ _____ or _____ % or All Remaining

Financial Institution Name: _____ **Routing Number (ABA):** _____

Account Number: _____ **Checking Savings (Check One)**

Choose one: Fixed Amount \$ _____ or _____ % or All Remaining

Financial Institution Name: _____ **Routing Number (ABA):** _____

Account Number: _____ **Checking Savings (Check One)**

Choose one: Fixed Amount \$ _____ or _____ % or All Remaining

Financial Institution Name: _____ **Routing Number (ABA):** _____

Account Number: _____ **Checking Savings (Check One)**

Choose one: Fixed Amount \$ _____ or _____ % or All Remaining

Employee Signature: _____ **Date:** _____

YOU MUST ATTACH A VOIDED CHECK (OR OTHER PROOF) FOR EACH ACCOUNT