

PAYEE DIRECT DEPOSIT AUTHORIZATION

I hereby authorize my employer (hereafter "Company") to deposit any payroll amounts due to me by initiating credit entries to my designated accounts at the financial institutions (hereafter "Bank") indicated below on this form. Further, I authorize Bank to accept and to credit any credit entries initiated by Company to my accounts. In the event that Company deposits funds erroneously into my account, I authorize Company to debit my account for an amount not to exceed the original amount of the erroneous credit.

This authorization is to remain in full force and effect until Company and Bank have received written notice from me of its termination in such time and manner as to afford Company and Bank a reasonable opportunity to act.

Employer: _____

Employee Name: _____ Employee Social Security #: _____

Phone #: _____ Date: _____ Employee Signature: _____

ACCOUNT INFORMATION

Up to three accounts may be designated. The last account designated must be for the net amount due.

A. Bank Name/City/State: _____

Bank Transit/Routing Number: _____ () Fixed deposit amount \$ _____ or () Net amount due

Account Type: () Savings () Checking Account Number: _____

B. Bank Name/City/State: _____


Bank Transit/Routing Number: _____ () Fixed deposit amount \$ _____ or () Net amount due

Account Type: () Savings () Checking Account Number: _____

C. Bank Name/City/State: _____

Bank Transit/Routing Number: _____ () Fixed deposit amount \$ _____ or () Net amount due

Account Type: () Savings () Checking Account Number: _____

	Dated _____ 1001
PAY TO THE ORDER OF _____ \$ DOLLARS	
Your Bank Address of your bank Cumming, GA 30040	ATTACH A COPY OF A VOIDED CHECK FOR EACH DESIGNATED CHECKING ACCOUNT
FOR _____ MP	
Absolute Business Management <small>The Business Services Company</small>	123456789 1234567 1001

Absolute Business Management
 (770) 827 - 0013
 info@absolutebusinessmgmt.com