PayTech, Inc.

Direct Deposit Authorization Form

Company Name:	
Telephone No.	
Employee Name:	
Employee No.:	
Department:	
Division:	
	directly into the bank account (s) listed below. I have attached a it slip for my savings account so bank transit and account numbers
Upon notification, I authorize Pay-Tech to correct withdrawing funds in the amount of the excess paym	ct any erroneous payment or overpayment to my account(s) by ent.
This authorization remains in effect unit Pay-Tech; I change.	nc. has received written authorization from me of its termination or
Employee Signature: Note: You can put a set amount or the whole direct deposit a voided check is a must to pro	e check to a specific account. For every account setup on
Financial Institution/Account Number(s):	
Account 1: Checking Savings Amount De	posited:
Account Number:	Routing Number:
Account 2: Checking Savings Amount Dep	posited:
Account Number:	Routing Number:
Account 3: Checking Savings Amount De	posited:
Account Number:	Routing Number:
	t both account holders to sign checks or authorize payments, other the above term and the employee's direct deposit authorization by
Name of Joint Account Holder:	
Signature of Joint Account Holder:	
Date:	

ATTACH VOIDED CHECK (s) HERE:

*If you have more than three accounts please use an additional forms

VOIDED CHECK(s)