

Payroll

Payroll Complete Services Inc.

Authorization for Recurring Direct Payments (ACH Debits)

In consideration for services provided by Payroll Complete Services Inc. I hereby authorize Payroll Complete Services Inc. to initiate a debit entry to my account indicated below. I understand the charge will process on the current invoice date. In addition, the amount may be adjusted as rates are increased.

Company Name: _____

Address: _____

Phone: _____

Checking Account # _____

Routing Number _____

Effective Date: ___/___/___

The specific debit to my account may post only on or after the effective date as listed above. This authorization is to remain in effect until Payroll Complete Services Inc. has received written notification of termination of authorization. **I understand there is a \$75.00 penalty for N.S.F. (Non Sufficient Funds).**

Name: _____

Signature: _____

Date: _____

Bank routing number



9 digits between the ■ symbols



Ignore check number

Checking account number



Approximately 10 digits usually before the ■ symbol