

American Payroll Services, Inc. Tel. (617) 630-9909 Fax (617) 630-9998 www.ampayroll.com

## **Authorization for Direct Deposits-Employee Form**

This authorizes American of	Payroll Services, Inc. on behalf	
(the "Company") to send of electronically or by any of indicated below and to ot authorizes the financial in	credit entries (and appropriate de ther commercially accepted meth her accounts I (we) identify in the estitution holding the Account to r other bank notice(s) verifying ac	od, to my (our) account(s) future (the "Account"). This post all such entries. Please
NOTE: Enter your compar	y name in the blank space above	
Account #1		
Account #1 Type	☐ Checking ☐ Sav	vings
Employee Bank Name	Branch	
City	State	
Bank Routing # (ABA#)	Account #	
Account #2		
Account #2 Type	☐ Checking ☐ Sav	vings
Employee Bank Name	Branch	
City	State	
Bank Routing # (ABA#)	Account #	
	in effect until the Company receinsonable opportunity to act on it.	ves a written termination notice
Signature		_
Printed Name		_
Employee ID #	Date	_