

Payroll Authorization Form

Please print and complete all information.

Please select one of the following 2 options to receive your payroll.

Name: _____

Address: _____

City, State, Zip: _____

Social Security No.: _____ Date of Birth: _____

Telephone No.: _____

Option 1 – Direct Deposit

Bank Name and Branch:	
Account Description:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Account #:	
Routing #:	

Personal Accounting Services, Inc. on behalf of my employer is hereby authorized to directly deposit my pay to the account listed above. This authorization will remain in effect until I modify or cancel it in writing.

Option 2 – Payroll Visa Debit Card

I hereby request and authorized Personal Accounting Services Inc. on behalf of my employer to process a request for a Payroll Visa Check Card and deposit my pay check on Payroll Visa Check Card. I attest that I have received the PNC disclosure and summary of fee's related to the Payroll Visa Check Card.

Employee Signature: _____ **Date:** _____