



KEYSTONE PAYROLL DIRECT DEPOSIT

COMPANY NAME _____ COMPANY ID NO _____

I/we hereby authorize KEYSTONE PAYROLL hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my/our

Checking Account

Other

Savings Account

Specify _____

Depository
Bank Name _____

Branch _____

City _____

State _____

Routing
Number _____

Account
Number _____

This authority is to remain in full force and effect until the COMPANY has received written notification from me (or either of us) of its termination in such time and such manner as to afford the COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Printed
Names _____

SS# _____

Printed
Names _____

SS# _____

Signature _____

Date _____

Signature _____

Date _____

ATTACH SAMPLE CHECK