

# Employer Payroll Checking Account Withdraw Authorization

## Instructions



Employer: Fill out and return to Denise A. Hatcher Accounting & Tax Service, LLC

Employer: Save a copy for your files only.

This document must be signed by employer requesting automatic deposit of paychecks and retained on file by the employer. Please attach a voided check for each of their accounts to help verify their account numbers and bank routing numbers.

## Account 1

Account 1 type:  Checking  Savings

## Bank Name

Bank routing number (ABA number):

Account number:

*attach a voided check for each account here*

## Authorization

This authorizes Denise A. Hatcher Accounting & Tax Service, LLC (the "Company") to send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method, to my (our) account(s) indicated below and to other accounts I (we) identify in the future (the "Account"). This authorizes the financial institution holding the Account to post all such entries. I agree that the ACH transactions authorized herein shall comply with all applicable U.S. Law. This authorization will be in effect until the Company receives a written termination notice from myself and has a reasonable opportunity to act on it.

Authorized signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print name: \_\_\_\_\_

Company: \_\_\_\_\_