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COMPANY BANK ACCOUNT CHANGE FORM

EFFECTIVE DATE _____

Business Name		Client Number (assigned by PDI)
NEW Bank Name	NEW Routing Number	NEW Account Number
Bank Address (City, State, Zip)		Bank Acct Type (Checking / Savings)

I/we, for the company identified above, authorize The Payroll Department, Inc (hereafter referred to as "PDI"), to initiate credit and/or debit entries, and any adjustments for any credit entries in error, to the account identified as and held at the Financial Institution named above. I/we authorize that such account exists and that the Financial Institution is capable of accepting such entries initiated by PDI without responsibility for correctness of such amounts.

This bank account change form also appends any previous bank account form submitted to PDI for collection of taxes, invoice and/or employee wages. This authorization will remain in effect until we give PDI written notice to terminate this authorization at least ten (10) days prior to actual termination.

Authorized Signature

Date _____

Print Name and Title

*PLEASE ATTACH A VOIDED CHECK HERE:

