

# Employer Payroll Bank Account Verification Form

## Company Information

Company Legal Name: \_\_\_\_\_

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

Company Phone Number: \_\_\_\_\_

## Principal Officer on Bank Account

Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ Last 4 Digits SSN: \_\_\_\_\_

\_\_\_\_\_

## Payroll Bank Account

Checking \_\_\_\_\_ Savings \_\_\_\_\_

Routing Number: \_\_\_\_\_ Confirm Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_ Confirm Account Number: \_\_\_\_\_

## Authorization

This authorizes Professional Business Management, Inc. to send debit entries (and appropriate credit and adjustment entries), electronically or by any other commercially accepted method, to my (our) account indicated above 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 Professional Business Management, Inc. receives a written termination notice from myself and has a reasonable opportunity to act on it.

Authorized Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

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