

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: _____

_____ Title: _____

Payroll Bank Account

Checking Savings

Business Personal

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: _____