AUTHORIZATION AGREEMENT FOR PAYROLL DIRECT DEPOSITS

EMPLOYEE NAME: _____

COMPANY NAME: _____

I (we) hereby authorize HAGEN CPA, LLC., hereinafter called COMPANY, to initiate credit entries to my ☐ Checking Account / ☐ Savings Account ***(select one)*** *indicated below at the depository financial institution named below, hereinafter called DEPOSITORY. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.*

BANK: _____ **LOCATION:** _____
(City, State, Zip)

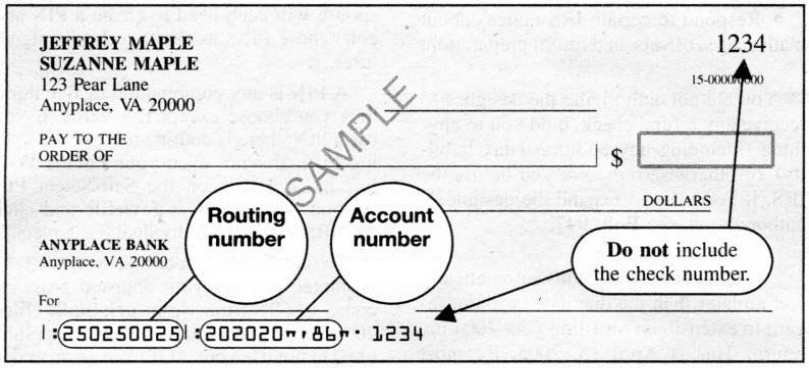
ROUTING NO.: _____ **ACCOUNT NO.:** _____

This authorization is to remain in full effect until COMPANY has received written notification from me of its termination in such time and in such a manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

NAME: _____
(Please Print)

SIGNATURE: _____ **DATE:** _____

Please attach a VOIDED CHECK of the account that will be used to receive payroll



Note. The routing and account numbers may be in different places on your check.

FOR OFFICE USE ONLY:

ACH Set-Up: _____ YES _____ NO

Staff: _____

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Phone: (608) 754-8525 | Fax: (608) 754-2552

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