

Fastpay Payroll Services

■ The Latest in Online Payroll Technology!

Company Bank Account Change Form

Company Name _____ (Required)

DBA (If Any) _____

Company ID _____ (Required)

_____ authorizes Fastpay Payroll Services to:

___ Change My bank Account.

___ Change next check number to: _____

Effective Date: _____

Next Check Date: _____

Authorized Signature: _____

(Attach Voided Check)

Put Note in Pack out Notes: _____

Check MICR spacing on Check Services: _____

Update Positive Pay Files or Other Bank Related file: _____

Transfers: Check start dates on ALL ___ (Set date 2 days before next effective Check Date)

Agency Transfer: Client to Client by None on Check Date _____

Billing Transfer: Client to Main Billing by ACH on Check _____ (Billing cks will be by None)

DD Transfer (if applicable): Client to DirDep ASB by ACH on Check date-2 _____

No Direct Deposit: Client to Client by None on Check date - 2 _____

Paycheck Transfer: Client to Client by None on Check date _____

Tax Transfer: **Tax**-Client to Tax ASB by ACH on Check date-1 _____

Basic: Client to Client by Check _____

Requested by:

Completed by:

Date:

Audited by:

Date:

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