



APPLICATION FOR PAYROLL DIRECT DEPOSIT

EMPLOYEE'S NAME: _____

SOCIAL SECURITY #: _____

Please provide a voided check.

	Bank Name	ABA # *	Checking or Savings	Account #	Amount
1					Remainder
2					
3					
4					

* ABA# is a 9 digits ID # of your bank. You can find it on your check, but if you are not certain, please call your bank for the correct ABA #.

I hereby authorize Docutrend, Inc. and its agents, including financial institutions, to initiate electronic credit entries for my payroll in lieu of a check, and if necessary, debit entries and adjustments for any credit entries in error to my checking and/or savings accounts listed above. This authorization will remain in effect until I have informed Docutrend, Inc. in writing that I wish to cancel it and Docutrend, Inc. has had reasonable time to effect such cancellation. I also understand that the second, third and fourth accounts will be subject to a fee of \$1.00 per account per payroll for such entries.

EMPLOYEE'S SIGNATURE

DATE