

**Webb Payroll Service, Inc.**  
P.O. Box 756  
Gardendale, AL 35071  
**(205) 631-3614 • FAX (205) 631-3641**

**AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSIT**

Date: \_\_\_\_\_ Company Name: \_\_\_\_\_

Employee Name: \_\_\_\_\_

To be completed by Employee: I hereby authorize Webb Payroll Service, Inc. to initiate credits to my bank account indicated below and the bank named below to credit the amounts of such entries to said account. It is further agreed that Webb Payroll Service, Inc. is also authorized to initiate debits to the same account for the purpose of processing a stop payment or correction on a previously issued deposit should such a stop payment or correction become necessary.

Authorization Type: New \_\_\_\_\_ Change \_\_\_\_\_ Cancel \_\_\_\_\_

Financial Institution: \_\_\_\_\_

Routing/Transit Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Type Account: Checking \_\_\_\_\_ Savings \_\_\_\_\_ Amount \_\_\_\_\_ or Percentage \_\_\_\_\_

Authorizing Individual: \_\_\_\_\_

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

**PLEASE ATTACH A VOIDED CHECK**

Automatic deposits will begin ten days after receipt of authorization and will continue until Webb Payroll Service, Inc. has received written notice from the employee of its termination. Written notice of termination should be provided at least thirty (30) days prior to termination.