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**AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSIT**

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

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

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.

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.

Deposits are normally available two (2) banking days after payroll is processed. It is my responsibility to verify deposits on a per pay period basis before writing checks against these funds. I understand that neither my employer nor Webb Payroll Service is responsible for bank errors or bank fees.

New: Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Checking  Savings  Amount \_\_\_\_\_ or Percentage \_\_\_\_\_ Bank Name: \_\_\_\_\_

Email my voucher: Email Address: \_\_\_\_\_

Change: Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Checking  Savings  Amount \_\_\_\_\_ or Percentage \_\_\_\_\_ Bank Name: \_\_\_\_\_

Email my voucher: Email Address: \_\_\_\_\_

I prefer a Pay-card. (Visa pay-card will be issued)

Email my voucher: Email Address: \_\_\_\_\_

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

Voided Check Copy Required