



DIRECT COLLECTION AUTHORIZATION FORM

I hereby authorize Payroll Perfection, Inc. and the financial institution shown below to collect payment for payroll from my account each payday. I also authorize Payroll Perfection, Inc. to initiate, if necessary, debit/credit entries, adjustments, and payroll entries made in error to my account. This authorization shall remain in effect until I file a new authorization form to cancel.

CHECK ONE

- Enroll me in the direct collection program
 Change my financial institution and/or account #
 Cancel my participation in the program

CLIENT INFORMATION AND AUTHORIZATION

Client Name (PRINT as it appears on your checking/savings account)

Social Security/Federal Identification Number

Client Signature

Date

FINANCIAL INSTITUTION INFORMATION

Bank Name

Branch/Location

Address

Telephone #

Routing #

Account #

Type of Account

Checking

Savings

STAPLE VOIDED CHECK HERE