

Bank Account Change Request

Client ID: Client Name: _____

Effective Date of New Account: ____ / ____ / _____

Request Submitted By: _____

Is there a new signature associated with the new bank account? YES NO

Starting Check Number for the New Account: _____

New account will be used for the following (Check All That Apply):

- Payroll Checks - Physical printed checks the employees have to deposit in the bank
- Direct Deposit - Net Pay Amounts that get direct deposited into your employees' bank accounts
- Third Party Checks - Agency Checks such as Child Support, Garnishments and Levies
- Taxes - Federal, State & Local (if applicable) payroll tax payments
- Billing - Payroll Direct invoices

Account Information Checking or Savings

Bank Name: _____

Routing/Transit #

(These are the 9 digits to the left of the account number on the bottom of your check)

Account #

A copy of a check from the new bank account must be attached to this form!

***** Please allow 48 to 72 hours for bank account changes to be processed *****

I authorize Payroll Direct to change the bank account information for the company named at the top of this form and I have verified the accuracy of the information on this form.

Signature _____ Date _____