

# TEAMWORKS

a Professional Employer Organization

4692 North 300 West Ste 150, Provo, Utah 84604

tel: 801-434-8900

fax: 801-434-9300

## DIRECT PAYMENT AUTHORIZATION

Form to be used to set up EFT direct payment of company invoices.

I (we, if account is held jointly), \_\_\_\_\_, hereinafter called "CLIENT," hereby authorize and request Teamworks Professional Employer, L.L.C., hereinafter called "COMPANY," to withdraw CLIENT payroll costs from CLIENT account each payroll period. This authorization is to remain in full effect until COMPANY has received written notification from CLIENT of its termination, in such time and in such manner as to afford COMPANY a reasonable opportunity to act on it.

### Bank & Client Information

BANK NAME:			
BANK ADDRESS: (Street, City, State, Zip)			
TRANSIT/ABA #:	ACCOUNT #:		
Please Check One: <input type="checkbox"/>	CHECKING ACCOUNT	<input type="checkbox"/>	SAVINGS ACCOUNT
Client Name:			
Client Address:			
Phone Number:	Fax Number:		

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

Must be signed by all parties if joint account.

\*\*\*PLEASE ATTACH VOIDED CHECK IN THIS AREA\*\*\*