

Date Completed (MM/DD/YY)

Client Name: _____ Date: _____

Employee Name: _____ Social Security#: _____ - -

ADD **DELETE** **CHANGE**

Depository Name: _____

Depository Address: _____

CHECKING

Transit / ABA Number:

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Account Number: _____

Amount of Deposit: \$ _____ (if net due, write net)

Description: Payroll Check

Depository Name: _____

Depository Address: _____

SAVINGS

Transit / ABA Number:

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(Call Your Bank To Obtain the correct information)

Account Number: _____

Amount of Deposit: \$ _____ (if net due, write net)

Description: Payroll Check

I hereby authorize Momentum Resources, Inc. (via, ACH Processing) to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries made in error to my account indicated below and the depository to credit and/or debit the same to such account. This authority is to remain in full force and effect until COMPANY and BANK have received written notification from me of its termination in such time in such manner as to afford COMPANY and BANK a reasonable opportunity to act on it.

I understand that it is my responsibility to research my banks ACH Direct Deposit policies, as the funds availability may differ from the actual date of pay.

Signature of Employee Date: _____

ATTACH A VOIDED CHECK HERE