KP **DIRECT DEPOSIT**

KEYSTONE PAYROLL
SINCE 1998

Business Name: _____

I/we hereby authorize KEYSTONE PAYROLL hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my/our

❒ Checking Account (*Attach Voided Check Below*)

❒ Savings Account

❒ Other

Specify _____

Depository Bank Name _____ Branch _____

City _____ State _____

Routing Number _____ Account Number _____

This authority is to remain in full force and effect until the COMPANY has received written notification from me (or either of us) of its termination in such time and such manner as to afford the COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Printed Name _____ SS# _____

Signature _____ Date _____

CHECKING ACCOUNT / ATTACH VOIDED CHECK HERE

814-234-2272
fax 814-234-3304

The Total Workforce Solution!

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