



## Payroll Debit Card Authorization Form

I (we) hereby authorize The Payroll Center, LLC, hereinafter called COMPANY, to initiate credit entries to my (our) account indicated below and the financial institution named below, hereinafter called DEPOSITORY, to credit the same to such account. This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Company Name: \_\_\_\_\_ ID: \_\_\_\_\_

Account Number: \_\_\_\_\_

Transit/ABA Number: **073972181**

Type of Account:     Checking     Savings

Amount: \$ \_\_\_\_\_ OR    Net Pay

Depository:    **Meta Bank**

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_ (may not be a PO Box or company address)

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

DOB: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*The information in this communication is confidential and may be used by the authorized recipient only, for its intended purpose only.  
Any other use or disclosure is prohibited.*