



Home Office

180 E. Prospect Ave. #191
Mamaroneck, NY 10543-3709
Tel: 914-777-1041 • Fax: 914-777-1098
Email: Abel@SmallCompanyHelp.com

Mid-Atlantic Office

6106 Tamar Dr.
Columbia, MD 21045-4021
Tel: 410-997-9927 • Fax: 410-997-5134
Website: www.smallcompanyhelp.com

Authorization for Direct Deposit of Paychecks

I hereby authorize Abel Business Services, Inc., to deposit my payroll checks automatically into the account indicated below and, if necessary, to adjust or reverse a deposit for any payroll entry made to my account in error. This authorization will remain in effect until I cancel it in writing and in such time as to afford Abel Business Services, Inc., a reasonable opportunity to act on it.

Name on the bank account: _____

Bank Name: _____

Full Bank Address: _____

Bank Routing Number: (9 numbers between |: symbols) _____

Account Number: _____

Checking Account:

Savings Account:

Attach VOIDED check below:

* NOTE: There is a \$4 per month bank fee associated with direct deposit of payroll checks. If my employer is not paying this fee, I hereby authorize for it to be deducted from my paycheck.

Signature: _____

Name (printed): _____ Date: _____