

# ***ACCESS 1 SOURCE PAYROLL***

## **Company Authorization for Electronic Funds Transfer**

365 Main Ave. SW  
Hickory, NC 28602  
828-345-1214  
Fax 828-345-6188

### **COMPANY INFORMATION**

Company Name:		
Address:		
City	State:	Zip:
Phone #:		
Fax #:		
Contact Name:		
EIN:		

### **AUTHORIZED ACCOUNTS**

Company Account Information:		
Bank Name:		
Bank Address:		
Bank City:	State:	Zip:
Routing & Transit Number:		
Account Number:		

This account will be used as the funding account for payroll transactions.  
Company Name (as it appears on the bank account):

I/We acknowledge authorization to initiate credits and debits from all accounts sent in by my company to Access1Source.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Title: \_\_\_\_\_  
Print Name: \_\_\_\_\_

**ATTACH A VOIDED CHECK HERE:**