

Bank Account Change Form

Use this form for Company Bank Changes only!

**Must Be Received at Least 2 Banking Days Prior to Payroll Run by 12:00 PM PST
To see a list of Banking Holidays see <http://www.payroll.com/support>**

Please fill out the following information to change bank accounts.

COMPANY NAME: _____

STREET ADDRESS: _____

CITY/STATE/ZIP: _____

LOCATION (IF APPLICABLE): _____

CLIENT NUMBER: _____

COMPANY CALL IN PASSWORD: _____

PRIOR / PREVIOUS BANK ACCOUNT INFORMATION

ABA NUMBER: _____

BANK NAME: _____

ACCOUNT NUMBER: _____

NEW / CURRENT BANK ACCOUNT INFORMATION

ABA NUMBER: _____

BANK NAME: _____

ACCOUNT NUMBER: _____

**Please Attach Voided Check or Bank Form with NEW Account Information
Deposit Slip Can Not Be Used**

Change to be effective with the payroll dated: _____

Check all that are to be deducted from the new account:

PAYROLL FEES/UNICHEK: PAYROLL CHECKS: DIRECT DEPOSIT/PAYCARD: TAXES:

To be notified when the change has been done, provide fax number or e-mail address.

Fax / E-mail: _____

Please Print Name: _____

Authorized Signature: _____ Date: _____

Fax this form and the cancelled / voided check to 858-525-7920.

A checking account change charge of \$5.00 will be added to your next invoice.