



1600 District Avenue, Suite #200, Burlington, MA 01803

### Authorization for ACH Direct Deposit

#### Customer Information

Name (Please Print)

Company Name

Social Security # / Federal Tax ID #

Vendor Code

Email Address

Phone Number

Bank Name

Branch/Phone Number

City / Town

State

Zip

#### Account Information

I authorize TimePayment Corp. and the financial institution named below to deposit all funds payable to me automatically to my checking account. I understand that Direct Deposit may be altered with three weeks written notice to TimePayment Corp. During the prenote/change period TimePayment will automatically send disbursements by check.

Authorized Signature

Date

#### Clerical Information

Routing Number

Account Number

Company Name	11-1111/1111
Company Address	
	1000
Pay to the Order of	\$ <input type="text"/>
	DOLLARS
BANK NAME	
ADDRESS	
MEMO	
Routing Number	Account Number
: 0123456789  :	444444444    1000

**VOID**

Please return this form to [clientservices@timepayment.com](mailto:clientservices@timepayment.com) with a copy of a voided check to ensure proper set up for payments.