



Company Bank Change

Company Name: _____

New Banking Information:

Bank Name: _____

Routing Number: _____

Account Number: _____

Starting Check Number: _____

New checking account will be used for electronic debits for the following:

Payroll Invoice Billing Taxes

New checking account will be used for live payroll checks: Yes No

Effective Date of Bank Change: _____

Important: Your bank change form must be accompanied by a voided check in order for your request to be processed. Forms submitted without a voided check will not be processed.

Please email or fax your bank change information to your processor. Fax number: 714-467-4359

I declare I am authorized to make the requested bank change and will be responsible for ensuring the information is correct and submitted in a timely manner.

Signature

Date

Name of Signer & Title

ADDITIONAL SERVICES

- 401(K) Plans • Employee Benefits • Background Checks • Time & Attendance • Workers Compensation •
- Pay-As-You-Go Workers Comp • Federal & State Tax Credit Services •
- Unemployment Claims Management Services •