

RABCO Payroll



CITY NATIONAL BANK PAYROLL AUTHORIZATION FORM

Company Name: _____
Date: _____ Live Date: _____

This is a: Business/ Savings
 Business Checking
 Other (personal account, etc.)

Account Name: _____
Bank Name _____
Bank Phone number: _____
Bank Address: _____
Bank city, State, Zip _____
 Routing/Transit #: _____
Account # _____ Prefund ACH Setup. Assign ACH ID #

Tax ID # _____

Authorization is hereby granted to City National Bank to begin processing withdrawals to said account at the financial institution named above for the purpose of transferring payroll direct deposit payments to this employee. City National Bank is also granted authorization to correct inadvertent duplicate and/or erroneous payment information. This authorization is to remain in effect until notification is given in compliance with the City National Bank Customer Agreement advising of a change, allowing reasonable time to implement such change.

I also authorize my financial institution, indicated above, to confirm with an agent of City National Bank that this account is in good standing and matches all the information provided in said application.

FUNDS MUST BE AVAILABLE IN YOUR COPORATE ACCOUNT 48 HOURS PRIOR TO YOUR PAYDAY OR YOU WILL BE SUBJECT TO ADDITIONAL SERVICE CHARGES.

Name: _____

Authorized Signature: _____

Bank Use:

ACH ID: _____

Confirmation FAX: 626-204-0631