

Payroll — *Authorization for Disbursement of Funds*

Company Name: _____

Contact Name: _____

I hereby authorize Savers Administrative Services to disburse funds from my ___ checking account or ___ savings account indicated below and my financial institution named below to debit the same to such account.

Account Number: _____

Be sure to include all digits in the account number. Any leading or trailing zeros are required.

Financial Institution _____

Branch: _____ City: _____ State : _____

Bank Routing Number _____

Typically, this will be a 9-digit number.

This authority will remain in full force and effect until Savers Administrative Services has received written notification from me of its termination in such time and in such manner as to afford Savers Administrative Services a reasonable opportunity to act on it.

Signature _____ Date _____

****An actual voided check must be attached****

Staple voided check here

If an actual check is not available to attach (i.e. some savings accounts), you are responsible for obtaining the correct routing number from your financial institution.

Fax or mail to:

1-(336)-759-3999

Savers Administrative Services
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