



Direct Debit Authorization (For **Company** Use Only)

Client Name: _____

Bank Name: _____

Routing #: _____

Account #: _____

For Further Credit To:

Intercoastal Payroll Solutions, LLC
3802 Crossroads Pkwy
Fort Pierce, FL 34945

We hereby authorize Intercoastal Payroll Solutions, LLC to Direct Debit from the bank and the account listed above for services rendered. This agreement will remain in effect unless cancelled by written request.

Authorized Signature

Title

Date

Attach a Voided **Company** Check Here