



The Payroll Service Company

Sales / Commission Direct Deposit Request

COMPANY / PERSONAL INFORMATION - PLEASE PRINT OR TYPE

Broker / Agency _____ EIN / SS # _____

Address _____ State _____ Zip _____

Phone _____ Fax _____

E-mail _____

BANK ACCOUNT INFORMATION

Enroll Change Cancel

Account Holders Name _____

Bank Name _____

Account Type: Checking Savings

AUTHORIZATION

Authorized Signature _____ Print Name _____

ATTACH COPY OF A VOIDED CHECK OR SAVINGS ACCOUNT CONFIRMATION

VOID CHECK

This authorization will remain in full force and in effect until Advanced Payroll Solutions has received written notification of its termination in such time and manner as to afford Advanced Payroll Solutions and depository a reasonable opportunity to act on it.

Advanced Payroll Solutions shall incur no liability or loss whatsoever as a result of relying on the above information. If the Depository information changes, it is the responsibility of the account holder to give written notice to inform Advanced Payroll Solutions as soon as possible of any changes, but not less than 10 business days prior to change.

RETURN FORM TO:

Altomare Financial Group
Attention: John Altomare

1680 Route 23 North, Wayne NJ 07470 Fax: 973-812-0719 Ph. 973-812-7788
E-mail: john.altomare@altomarefinancial.com