

COMPANY LEVEL BANK ACCOUNT CHANGE



EMPLOYER NAME: _____

COMPANY NAME: _____

COMPANY ID: _____

COMPANY'S FINANCIAL INSTITUTION INFORMATION

FINANCIAL INSTITUTION: _____

EFFECTIVE DATE: _____

I want this account to be used for:

☐ CHECKING ☐ BILLING ☐ TAX ☐ DIRECT DEPOSIT

*Attach voided check here
(No information will be updated
if this field is blank)*

AUTHORIZATION AGREEMENT

- I hereby authorize MPAY to debit/credit the bank account(s) specified below.
- I am attaching a voided check for the account(s) below. This authorization is to remain in force until the company has received a written authorization from me of its termination or change.

EMPLOYER SIGNATURE _____ DATE _____