

## Payroll Authorization

Employee \_\_\_\_\_

Address \_\_\_\_\_

City, State Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Date of Birth \_\_\_\_\_ SSN \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Employer \_\_\_\_\_

### Method of Payment

Please choose one of the following:

- Paper Check (will be mailed to the address above)
- Direct Deposit (please complete the bank info below, or attach a voided check)

Name of Bank #1 \_\_\_\_\_  Checking  Savings

Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

I wish to deposit \$ \_\_\_\_\_ into this account or  the entire amount.

Name of Bank #2 \_\_\_\_\_  Checking  Savings

Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

I wish to deposit \$ \_\_\_\_\_ into this account or  the entire amount.

I authorize the **Watson CPA Group** to process payroll according to my selections above.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date