



6905 Green Bay Road Suite 202
Kenosha, WI 53142

(262) 658-0420

www.PayrollForPastors.com

PAYROLL FUNDING AUTHORIZATION FORM

Client Name: _____

Bank Name: _____

Routing Number: _____

Account Number: _____

Account Type: _____

COPY OF VOIDED CHECK

CLIENT AUTHORIZATION TO ACH/DEBIT

Client authorizes Payroll for Pastors, LLC to ACH/Debit the above listed employer account for any and all payroll amounts, liabilities and monthly payroll fees.

Authorized Client Representative Signature

Authorized Client Representative Printed Name

Date of Authorization