

Paychecks of New Hampshire

Bank Verification of Account for Payroll Direct Deposit

Company Name: _____

EMPLOYEE'S Name: _____

Bank Name: _____

Name(s) on Account: _____

Bank Routing Number: _____

Please Print Clearly

Customer Account Number: _____

Please Print Clearly

ACH Acct type: Savings _____ Money Market/checking _____

Bank Authorizing Agent: _____

Please Print

Authorizing Agent's Signature: _____

Authorizing Agent's Title: _____ Date: _____

Please have an agent of your bank complete the above information and then mail or fax it to us at:

**Paychecks of New Hampshire
PO BOX 1305
Laconia, NH 03247-1305**

Fax #: (603) 527-0522