



CheckMark, Inc.  
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Fort Collins, CO 80526  
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Email: payrollservices@checkmark.com

## ACH Authorization Form

|                         |                |            |                              |                                 |
|-------------------------|----------------|------------|------------------------------|---------------------------------|
| Employer / Client _____ | Client # _____ | Date _____ | <input type="checkbox"/> New | <input type="checkbox"/> Change |
|-------------------------|----------------|------------|------------------------------|---------------------------------|

\_\_\_\_\_  
**Bank Name**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**City**

\_\_\_\_\_  
**State**

\_\_\_\_\_  
**Zip**

\_\_\_\_\_  
**Phone Number**

\_\_\_\_\_  
**Fax Number**

**Account Type:** \_\_\_\_\_ Checking \_\_\_\_\_ Savings

\_\_\_\_\_  
**Routing/Transit Number**

\_\_\_\_\_  
**Account Number**

**Amount to be charged:** Per Payroll Agreement

**Amount to be applied to:** Per Payroll Agreement

\_\_\_\_\_  
I authorize CheckMark, Inc to process ACH payment for processing charges per payroll.

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

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**