



EMPLOYEE AUTHORIZATION FOR E-CHECK

COMPANY NAME: _____

PAPERLESS OPTION - In lieu of a paper check, please email a copy of my check stub and check (Adobe Reader Required). The file will be password protected with a system generated password consisting of my last name and the first three numbers of my social security number OR a custom password of my choice as indicated in the designated area below.

Password: _____ Email: _____
(Please use all uppercase letters.)

Employee Signature: _____ Date: ____ / ____ / ____

Employee Name: _____
(Please print clearly)

Employee's #: _____ Authorizing Officer: _____

NOTE: - Please add @payrollmasters.com to your spam filter and your firewall's list of accepted sites.