

Anchor CPA Group LLC

523 Benfield Rd., Ste 204, Severna Park, MD 21146

Phone: 410-721-9760 Fax: 410-721-0648

NEW EMPLOYEE ADD FORM AND AUTHORIZATION FOR DIRECT DEPOSIT

COMPANY NAME: _____

FOR INTERNAL USE ONLY

Social Security Number

- -

Date of Hire: _____

- MW507
- W-4
- I-9

Salary Hourly Per P/P Salary Rate \$ _____ or /Hourly Rate \$ _____

Married Single Head of Household No. of Exemptions: _____

Last Name: _____ First Name: _____ Middle Name: _____

Address: _____ City: _____ State: _____ Zip: _____

EMPLOYEE DIRECT DEPOSIT AUTHORIZATION

To elect direct deposit, fill out the information below and attach a voided check for verification of account and bank routing numbers.

AUTHORIZATION (enter your company name in the blank space below)

This authorizes _____ (the "Company") to send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method, to my account indicated below and to other accounts I identify in the future (the "Account"). This authorizes the financial institution holding the Account to post all such entries. I agree that the ACH transactions authorized herein shall comply with all applicable U.S. Law. This authorization will be in effect until the Company receives a written termination notice from myself and has a reasonable opportunity to act on it.

PAPERLESS OPTION – In lieu of a paper check, please email a copy of my check stub and check. The file will be password protected with a system generated password consisting of the first four characters of my last name and the last four numbers of my social security number.

Email: _____

Deposit slips ARE NOT acceptable documents for Automatic Deposit

ATTACH VOIDED CHECK HERE

- CHECKING
- SAVINGS

Specify dollar amount or net:

Authorized Signature: _____ Date: _____

Print name: _____