



Authorization for Automatic Bill Payment

Please complete and return to Buckeye Payroll Services.

I authorize Buckeye Payroll Services to instruct my financial institution to make payments to them from the account that I have listed below. I understand that I control my payments, and if at any time I decide to stop this service, I will notify Buckeye Payroll Services.

Automatic Bill Payment will be initiated for the invoice to issue immediately following Buckeye Payroll Service's receipt of this authorization.

Customer Information

Company Name: _____

Title of Person Completing this form: _____

Signature: _____

Date: _____

Financial Institution Information

- ? Please withdraw the payment amount from the company payroll account.
- ? Please withdraw the payment amount from a different account
(attach a voided check from that account)

Invoices By Email Information

I authorize you to send my invoices by email.

Email Address: _____