



CheckMark, Inc.
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Fort Collins, CO 80526
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ACH Authorization Form

Employer / Client _____ Client # _____ Date _____ ☐ New ☐ 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

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

Printed Name _____

Signature _____

Date _____