



# Agency Payment Set-up Form

Fax to 781.851.8491 or Email to [diane@yourpayrollsupport.com](mailto:diane@yourpayrollsupport.com)



Questions? Call 559-513-8613

## Agency Information

Agency name: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Agency Bank Name: \_\_\_\_\_

Agency Bank Account #: \_\_\_\_\_ Agency Bank Routing #: \_\_\_\_\_

Agency Payment Frequency: ☐ Every pay period ☐ Semi-monthly ☐ Monthly ☐ Other \_\_\_\_\_

Deduction Name: \_\_\_\_\_

Type: ☐ Pretax ☐ Post Tax

## Employees Associated with Deduction & Contribution

Employee Name ▼	Contribution Amount ▼
	\$
	\$
	\$
	\$
	\$
	\$