6860 W. Peoria Avenue, Peoria, AZ 85345
PHONE (623) 773-0410
FAX (623) 773-2924

PAYROLL DISTRIBUTION REQUEST

I, _____, ELECT TO HAVE ALL MONIES DUE TO ME:
(PRINT NAME)

ATTN: BELOW MARK WITH AN X, THE METHOD YOU WANT PAYROLL DISTRIBUTED

DIRECTLY DEPOSITED TO MY ACCOUNT

☐	☐	☐
PAYROLL CHECK ONLY	**PER DIEM CHECK ONLY**	**BOTH**

MAILED

☐	☐	☐
PAYROLL CHECK ONLY	**PER DIEM CHECK ONLY**	**BOTH**

Important! Please indicate the street address you wish your checks/stubs/express mail sent to.

_____

_____

_____

IF YOU CHANGE YOUR ADDRESS, PLEASE BE SURE TO NOTIFY US IMMEDIATELY, SO YOUR CHECK(S) WILL BE MAILED TO YOUR CORRECT ADDRESS.

EMAIL ADDRESS: _____

SIGNATURE	**DATE**

ATTN: If you choose payroll direct deposit, please upload a clear copy of desired account deposit slip or voided check on the DocuSign last page of this employment documentation package. **Thank You!**

AUTHORIZATION FOR AUTOMATIC DEPOSITS

COMPANY:	G.D. BARRI & ASSOCIATES, INC.
COMPANY ADDRESS:	6860 W. PEORIA AVENUE
CITY/STATE/ZIP:	PEORIA, AZ 85345

I/We hereby authorize G.D. Barri & Associates, Inc. hereby called Company, to initiate credit entries and, if necessary, adjustment entries to my/our Checking/Savings account indicated below and I/we further authorize the Financial Institution named below to accept such entries and to credit the amount thereof to such account.

Financial Institution		Address	
Routing No.		City	
Account No.		State	

☐ CHECKING ☐ SAVINGS

This authority is to remain in full force and effect until Company and Financial Institution has received written notification from me (or either of us) of its termination in such time and manner as to afford the Company and Financial Institution a reasonable opportunity to act upon it.

Name		Social Security No.	
Signature/Date			

Authorization Will Take Effect Not Less Than 10 Days After Acceptance By the Financial Institution.

Add'l Bank Routing Number	**Add'l Account Number**

☐ CHECKING ☐ SAVINGS