

New     Change of Account

## FRONTEER PAYROLL SERVICES, INC. DIRECT DEPOSIT AUTHORIZATION

I, \_\_\_\_\_, do hereby authorize *Fronteer Payroll Services, Inc.* to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries in error to my:     Checking Account    or     Savings Account each pay period. I understand that I am responsible for informing *Fronteer Payroll Services, Inc.* of any changes made to this account, especially the closing of it. I also understand that *Fronteer Payroll Services, Inc.* will not be held responsible for any misdirected checks resulting from my changing or closing this account prior to notifying the company.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**Attach VOID CHECK here.**  
**(Deposit slip is NOT sufficient.)**

Bank Name \_\_\_\_\_  
Bank Address \_\_\_\_\_  
\_\_\_\_\_

For Office Use Only Employee # _____ Prenote _____ Direct Deposit _____
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