



7 Executive Park Dr
Clifton Park, NY 12065
(518) 373-4111 – tel
(518) 836-2502 – fax
www.GTM.com

New Account Setup Information

Debit Authorization Form

DATE: _____

Dear Sirs:

Please accept this letter granting debit privileges to **GTM Payroll Services Inc.** for the following account:

BANK NAME: _____

ACCOUNT NUMBER: _____

Debit privileges will be used in conjunction with payroll preparation services being provided to us by **GTM Payroll Services** and are limited to **payroll tax, net payroll transfers, and GTM Payroll Services' service fees only.**

I understand that if a tax debit made to my account by **GTM Payroll Services** is refused due to insufficient funds in that account, that a service fee will be assessed by **GTM Payroll Services** to resubmit the tax debit. Furthermore, it is my understanding that **GTM Payroll Services** will not be responsible for any penalties incurred, when said penalties arise from tax filing payment not made by **GTM Payroll Services** as a direct result on **GTM Payroll Services** not being able to collect amounts from my account sufficient to cover said payments.

Sincerely,

Name

Title

Company

(PLEASE ATTACH VOIDED CHECK)

Better advice, better service, better value...for an easier life!