



Agency Payment Set-up Form

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

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