

Payout Change Form

All payout change requests will result in payouts being placed on hold. NO payouts will be processed again for your account until this form is received back completed.

In order for a payout to be processed for the week, **all change request forms must be received back by Friday of the previous week.** Any forms received after Friday will not process a payout for the upcoming Wednesday.

Authorization Agreement

Payee Name: _____ SSN/ Tax ID _____

Address _____

Address 2 _____

City, State Zip _____

Payout Method: ACH / Direct Deposit | Check (\$2 fee per check)
 Paxum email: _____

Bank Account Information (complete only if selecting ACH payouts)

Name of Financial Institution: _____

Routing Number: _____ Business | Personal

Account Number: _____ Checking | Savings

Signature

Authorized Signature (Primary): _____ Date: _____

Authorized Signature (Joint): _____ Date: _____

Please attach a voided check or deposit slip and return this form to the Accounting Department.