



### SCHEDULE B3 - EMPLOYER BANK CHANGE AUTHORIZATION

COMPANY NAME	COMPANY TAX ID
COMPANY ADDRESS	

I hereby authorize our payroll processor, Innovative Business Solutions, to debit the following account at the financial institution indicated below for amounts arising from the periodic creation of payroll transactions. I understand that it is our responsibility to maintain adequate funds in the account to allow Innovative Business Solutions to process my payroll payments and tax obligations without risk of return or rejection. Further, I authorize the Financial Institution to accept any reversing entries due to an erroneously debited amount from my account.

FINANCIAL INSTITUTION	FINANCIAL INSTITUTION ROUTING
FINANCIAL INSTITUTION ADDRESS	
ACCOUNT #:	
ACCOUNT TYPE Checking      Savings	EFFECTIVE DATE:

This Authority is to remain in full force and effective until Innovative Business Solutions has received written notification from me of its termination in such time and in such manner as to afford Innovative Business Solutions reasonable opportunity to act on it.

If we are changing your account information we will be transferring the signature we have on file to your new account. If the signature has changed, a Signature Scan Form will also need to be completed and mailed to Innovative Business Solutions. This form can be found on our website ([www.ibspayroll.com](http://www.ibspayroll.com)) under Resources->Forms->IBS Forms-> Signature Scan Form.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please **PRINT** Full Name

\_\_\_\_\_  
Title