



QUANTUM PAYROLL

3 Easy Steps to Paperless

Save Administrative Time & Money

1. Have all your employees complete the Authorization form below.
2. Quantum Payroll or Payroll Manager can then email employees a link to access Employee Self Service (ESS) Portal.
3. Employees can now login to Portal for full access to earnings history and Paystubs 24/7.



Why Paperless Payroll?

FOR THE EMPLOYER:

- Eliminates the rising costs and uncertainty of overnight delivery
- Relieves administrative time and hassle of delivering paper checks to employees and re-printing lost paystub requests
- Offers a faster, more reliable and secure method of delivering employee pay

FOR THE EMPLOYEE:

- Enjoy the timeliness and efficiency of Direct Deposit
- Eliminates time consuming bank visits
- Online access to paystubs and payment history, also available as printable PDF

Quantum Payroll offers easy to use Paycards for those “unbanked” employees...
it's simple, convenient and FREE!

Complete our form below and be paperless in no time!



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Palm Harbor, FL 34683
support@quantumpayroll.com
QuantumPayroll.com

AUTHORIZATION AGREEMENT - AUTOMATIC DEPOSITS - (ACH CREDITS)

I (we) hereby authorize Quantum Payroll Systems Inc., hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to credit the same to such account I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

(Company ID)

(Company Name)

(Financial Institution Name)

(Routing Number)

(Account Number)

Type of Account:

Checking

Savings

Amount to be Deposited _____ % Deposited or \$ _____ Net Amount

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

(Print Employee Name)

(Print Employee ID Number)

(Print Joint Holder Name)

(Employee Email)

(Employee Signature)

(Date)

(Joint Holder Signature)

(Date)

PLEASE ATTACH COPY OF VOIDED CHECK

Regardless of the type of account, if a check can't be provided, please provide a letter or official form from the bank or entity stating the account holder(s) name, routing number, account number & type of account.