

Dakotaland

FINANCIAL SERVICES

LLC

Payroll Form

I _____, owner of _____, do hereby authorize Dakotaland Financial Services, LLC to process the payroll for my business via direct deposit through my business's Dakotaland Federal Credit Union:

Checking Account # _____

Savings Account # _____

Our payroll runs:

Weekly

The pay period runs _____ thru _____ paying on _____

Bi-Weekly

The pay period runs _____ thru _____ paying on _____

Semi-Monthly

The pay period runs the _____ thru _____ paying on the _____ and the _____ thru _____ paying on the _____.

If the payroll date falls on a weekend or holiday, I would like the payroll to be ran the business day:

before or **after** the payroll date.

I also understand that I must submit my payroll to Dakotaland Financial Services two days prior to the pay date for the direct deposit to run as scheduled.

Print Name of Person Giving Consent

Signature of Person Giving Consent

Date