



# Agency Payment Set-up Form

Fax to 303-452-2243 or Email to sales@pharospayroll.com



**PHAROS**  
PAYROLL

Questions? Call 303-590-9790

## 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
	\$
	\$
	\$
	\$
	\$
	\$