


EMPLOYEE DIRECT DEPOSIT AUTHORIZATION

Employee Name:	Effective Date:
Address:	City / State / Zip:
Birth Date:	Social Security Number:
Phone:	Email:

CHOOSE YOUR METHOD OF DIRECT DEPOSIT:

<input type="checkbox"/> I request my payroll deduction / direct deposit be placed in the following account(s):				
BANK / CREDIT UNION	BANK ABA#	ACCOUNT#	DEDUCTION AMOUNT / NET PAY	TYPE OF ACCOUNT
	#	#	<input type="checkbox"/> \$ _____ or <input type="checkbox"/> _____%	<input type="checkbox"/> Savings <input type="checkbox"/> Checking
	#	#	<input type="checkbox"/> \$ _____ or <input type="checkbox"/> _____%	<input type="checkbox"/> Savings <input type="checkbox"/> Checking
PLEASE PROVIDE A VOIDED CHECK FOR EACH CHECKING ACCOUNT LISTED ABOVE.				

AND / OR:

<input type="checkbox"/> rapid! PayCard Issuance Authorization Form	
Financial Institution Name: MetaBank® Routing Number: 124085244 Direct Deposit Account Number: 353 _____ <small>(Card ID on front of envelope)</small> <i>To be assigned and entered by YOUR COMPANY</i>	DEDUCTION AMOUNT / NET PAY <input type="checkbox"/> \$ _____ or <input type="checkbox"/> 100%
 The rapid! PayCard® Visa® Prepaid card is issued by MetaBank®, Member FDIC, pursuant to a license from Visa U.S.A. Inc. Important Information for opening a Card account: To help the federal government fight the funding of terrorism and money laundering activities, the USA PATRIOT Act requires all financial institutions and their third parties to obtain, verify, and record information that identifies each person who opens a Card account. What this means for you: When you open a Card account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.	

I authorize YOUR COMPANY to withhold the indicated amount(s), if available, from my pay, and deposit directly into the account(s) shown and/or I hereby authorize YOUR COMPANY to assign a rapid! PayCard and initiate credit entries and any correcting entries to my assigned rapid! PayCard account. The direct deposit(s) will be made on each payday, unless I notify YOUR COMPANY in writing of my intent to cancel. Upon YOUR COMPANY's receipt of a request to cancel a direct deposit authorization, it shall become effective after a reasonable opportunity to act upon it.

In the event funds are deposited erroneously into my account, I authorize YOUR COMPANY to debit my account(s) not to exceed the original amount of the credit.

I understand that YOUR COMPANY reserves the right to refuse any direct deposit request. I also understand that all direct deposits are made through the Automated Clearing House (ACH), and that funds availability is subject to the terms and limitations of the ACH as well as my financial institution.

Note: If sending this form electronically, please type your initials and the last 4 digits of your social security number in the signature field. If sending or faxing a paper copy, please print out and sign your name(s) in the signature box.

Employee Signature: _____ Date: _____