

Payroll Form – Direct Deposit/Pay Card

Revised: 1/18/2017



First Name:	Middle Initial:	Last Name:	
Street Address:		Apartment #	
City:	State:	Zip Code:	
Home Telephone: ()	Date of Birth (MM/DD/YYYY):		
Social Security Number: -- --	Card Number: OFFICE USE ONLY - - -		

PLEASE CIRCLE OPTION 1 OR 2 FOR YOUR PREFERRED METHOD OF PAY BELOW:

1. Direct Deposit

-Place Check Here-

****If checks are not available, please bring in account information on Bank letterhead****

If documentation is not submitted, employee will automatically be issued a Payroll Card

2. Payroll Card

1. Complete this form.
2. You're already approved. No credit check required.

Employee Authorization

Effective immediately, I authorize and direct the Company to initiate credit entries to my Bank Account or issue me a payroll card as I have indicated above. If an incorrect amount is deposited into my account, I authorize the Company to make the appropriate adjustment(s). This authorization will remain in effect until the Company receives written notice of termination from me in such time and such manner as to afford the Company a reasonable opportunity to act on it. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. The U.S.A. Patriot Act requires us to obtain, verify and record information that identifies each person or business opening a new account. By completing, or otherwise providing information on this application, I consent to obtaining verification of my identity, even from third parties if necessary.

Signature

Date