

## **EMPLOYEE DIRECT DEPOSIT AUTHORIZATION**

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Employee Name:  Address:  Birth Date:  Phone:			Effective Date:			
			City / State / Zip:			
			Social Security Number: Email:			
			! ! +! £-!	I		
I request my payroll deduction / direct deposit be placed in the following account(s):  DEDUCTION AMOUNT /						
BANK / CREDIT UNION	BANK ABA#	ACCC	DUNT#	NET PAY	TYPE OF ACC	OUNT
	#	#		100%	Savings Checking	
PLEASE PROVIDE A V	OIDED CHECK FOR EA	CH CHECKI	NG ACCOU	NT LISTED ABOVE.		
ND / OR:						
	uance Authorization For	rm				
Financial Institution Name: MetaBank®					DEDUCTION	N.
D. II. M. I. (2000)					AMOUNT / NET PAY	
Routing Number: 124085244					 	
Direct Deposit Account Number: 353 (Card ID on front of envelope)						_
To be assigned and entered by PERSONNEL SERVICES UNLIMITED					or 100%	
The rapid! PayO	Card® Visa® Prepaid card is issued by MetaBa	ank®, Member FDIC, pu	rsuant to a license fron	n Visa U.S.A. Inc.		
Ine rapid! PayCard® Visa® Prepaid card is issued by MetaBank®, Member FDIC, pursuant to a license from Visa U.S.A. Inc.  Inc. Inc. Inc. Inc. Inc. Inc. Inc. Inc.						
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.						
maine, address, date of birtil, and other line	ormation that will allow us to identify you. We	e may also ask to see yo	Jul univer 3 license of 0	ther identifying documents.		
authorize PERSONNEL SER ccount(s) shown and/or I he ny correcting entries to m ERSONNEL SERVICES UNL ancel a direct deposit autho	ereby authorize PERSONNE y assigned rapid! PayCard LIMITED in writing of my int prization, it shall become ef	EL SERVICES of account. The to cancel. If the cancel after a second control of the cancel of the can	UNLIMITED to he direct dep Upon PERSC reasonable o	assign a rapid! PayCard a posit(s) will be made on e DNNEL SERVICES UNLIMIT opportunity to act upon it.	and initiate credit entreach payday, unless FED's receipt of a rec	ries and I notify quest to
the event funds are depose exceed the original amou		iccount, I auth	orize PERSON	INEL SERVICES UNLIMITE	D to debit my accour	nt(s) no
understand that PERSONN irect deposits are made thr f the ACH as well as my find	ough the Automated Clear		-			
ote: If sending this form ele sending or faxing a paper o			_	-	umber in the signatu	re field
mployee Signature:				_ Date:		