

EMPLOYEE DIRECT DEPOSIT AUTHORIZATION

Employee Name: Address: Birth Date:			Effective Date: City / State / Zip: Social Security Number:								
						Phone:			Email:		
						OOSE YOUR METHOD OF I	DIRECT DEDOCIT.				
	deduction / direct deposit	be placed in	the following	g account(s):							
BANK / CREDIT UNION BANK ABA# ACCO			DEDUCTION AMOUNT / TYPE OF ACCOUNT								
Briting Chebit Official	#	#		NET PAY							
				□ \$%	☐ Savings☐ Checking						
	#	#		\$%	☐ Savings ☐ Checking						
PLEASE PROVIDE A VOI	DED CHECK FOR EACH CHE	CKING ACCO	UNT LISTED A	ABOVE.							
ND / OR:											
	nce Authorization Form										
Financial Institution Name: Rapid Paycard					DEDUCTION AMOUNT / NET PAY						
Routing Number: 0311-0116-9											
Direct Deposit Account	Number: 933				□\$						
(Card ID on front of envelope) To be assigned and entered by NW STAFFING					or □ 100%						
Visa debit Visa debit Visa debit Visa debit Visa debit Importan activities, the USA PATRIOT A who opens a Card account. W	Card® Visa® Payroll Card is issued cards are accepted. The Bancorp t Information for opening a Card act requires all financial institution what this means for you: When you. We may also ask to see your	Bank; Member for account: To help account their third ou open a Card a	the federal gov parties to obtain ccount, we will a	ernment fight the funding of ter n, verify, and record information isk for your name, address, date	rorism and money laundering that identifies each person						
d/or I hereby authorize RES yCard account. The direct SOURCE STAFFING'S receip on it. In the event funds ariginal amount of the credit.	NG to withhold the indicated OURCE STAFFING to assign a redeposit(s) will be made on eat of a request to cancel a direct deposited erroneously into I understand that RESOURCE through the Automated Clearing stitution.	rapid! PayCard a ach payday, unl ect deposit auth my account, I a STAFFING rese	and initiate cre ess I notify RES norization, it sh authorize RESC rves the right t	dit entries and any correcting SOURCE STAFFING in writing hall become effective after a DURCE STAFFING to debit my o refuse any direct deposit re	g entries to my assigned rapi of my intent to cancel. Up reasonable opportunity to a raccount(s) not to exceed t equest. I also understand th						
PLEASE CANCEL MY DIRE	CT DEPOSIT. I UNDERSTAND	THAT IT MAY T	AKE UP TO 5 B	SUSINESS DAYS TO TAKE EFF	ECT.						
_	ctronically, please type your in print out and sign your name			our social security number in	the signature field. If sendir						
mployee Signature:				Date:							