



EMPLOYEE DIRECT DEPOSIT AUTHORIZATION

OPT OUT OF DIRECT DEPOSIT OR PAYCARD AT THIS TIME. (I MAY SIGN UP AT A LATER DATE, IF DESIRED)

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 direct deposit be placed in the following account:				
BANK / CREDIT UNION	BANK ABA#	ACCOUNT#	NET PAY	TYPE OF ACCOUNT
#	#	#	100%	<input type="checkbox"/> Savings <input type="checkbox"/> Checking

OR:

<input type="checkbox"/> I request rapid! PayCard Issuance and authorize direct deposit onto paycard:	
Financial Institution Name: Rapid Paycard	NET PAY 100%
Routing Number: 0311-0116-9	
Direct Deposit Account Number: 933 _____ _____	

(Card ID on front of envelope)



rapid! PayCard® Visa® Payroll Card is issued by The Bancorp Bank pursuant to a license from Visa U.S.A. Inc. and may be used everywhere Visa debit cards are accepted. The Bancorp Bank; Member FDIC.

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 RESOURCE STAFFING to withhold the indicated amount if available, from my pay, and deposit directly into the account shown or I hereby authorize RESOURCE STAFFING to assign a rapid! PayCard and initiate credit entries and any correcting entries to my assigned rapid! PayCard account. The direct deposit will be made on each payday, unless I notify RESOURCE STAFFING in writing of my intent to cancel. Upon RESOURCE STAFFING'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 RESOURCE STAFFING to debit my account not to exceed the original amount of the credit. I understand that RESOURCE STAFFING 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.

PLEASE CANCEL MY DIRECT DEPOSIT. I UNDERSTAND THAT IT MAY TAKE UP TO 5 BUSINESS DAYS TO TAKE EFFECT.

Employee Signature: _____

Date: _____