

Direct Deposit Authorization Form

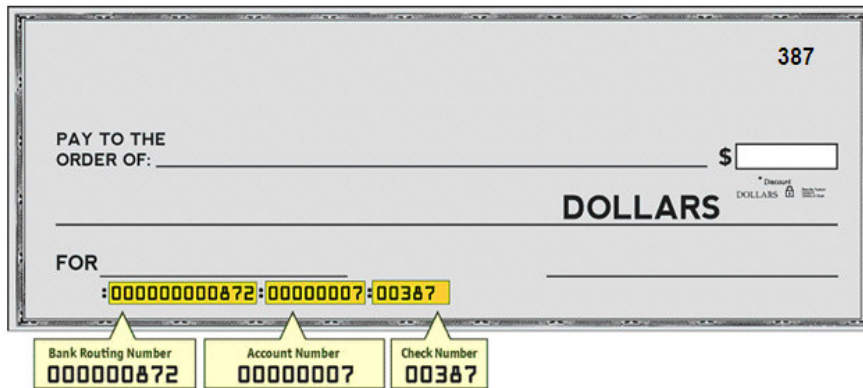


Employee Name:

Store Number:

To Rapid Paycard	To Bank Account (not another brand of pay card*)
ABA/Routing # 124085244	Checking <input type="checkbox"/> Savings <input type="checkbox"/>
Card ID # 353 <input type="text"/>	ABA/Routing # <input type="text"/>
	Account # (NOT Card #) <input type="text"/>

* If you provide the routing number and account number for another pay card instead of an actual bank, it will be rejected at the office.



By providing the information requested above and signing below, I hereby consent to receive my wages, including any wage adjustments or off cycle wage payments and wage payments upon discharge, by electronic transfer of wages to the the paycard or financial institution I have designated, and I authorize the bank where such funds are deposited to accept such deposits and make such adjustments.

Employee Signature _____ **Date:** _____