

Direct Deposit Authorization Form

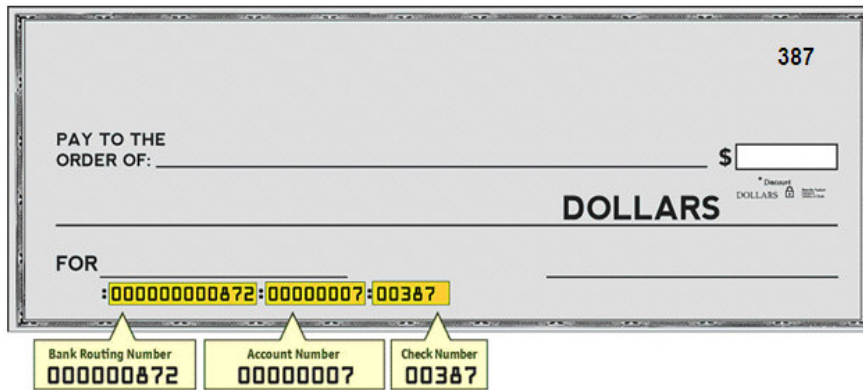


Employee Name:

Store Number:

To Rapid Paycard	To Bank Account (not another card brand)
ABA/Routing # 1 2 4 0 8 5 2 4 4	Checking <input type="checkbox"/> Savings <input type="checkbox"/>
Card Account # 3 5 3 <input type="text"/>	ABA/Routing # <input type="text"/>
	Account # (NOT Card #) <input type="text"/>

For each bank account, you must provide a voided check from the account (no deposit slips) or a letter from the bank on official letterhead verifying the ABA and account #. Incomplete or inaccurate information will not be processed.



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: _____