

Direct Deposit Authorization Form



Employee Name:

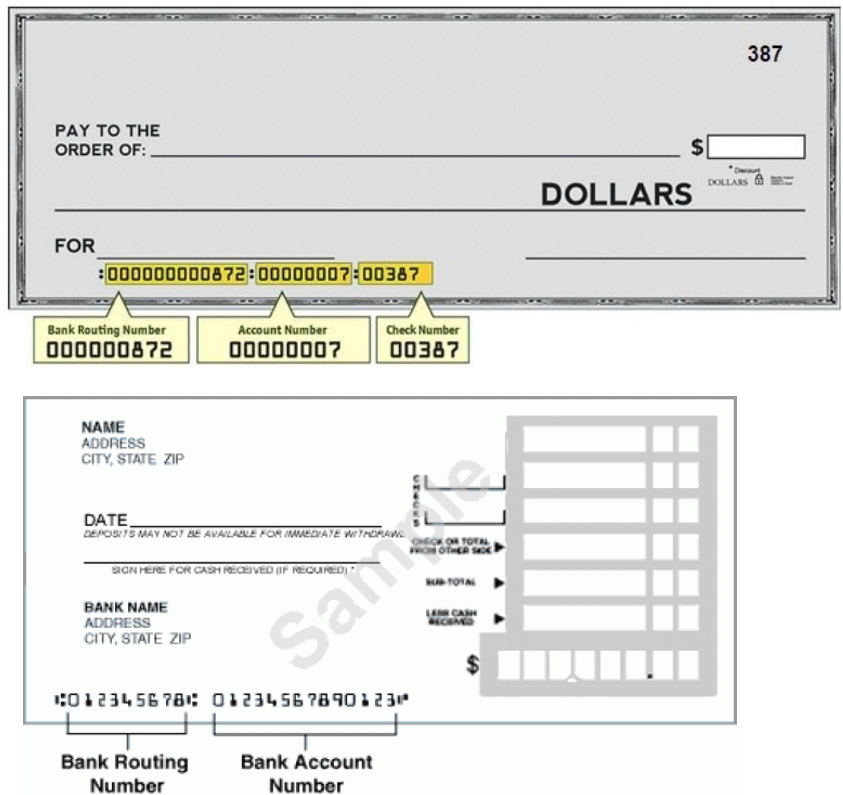
Store Number:

| To Rapid Pay Card | To Bank Account (Other pay cards not accepted) |
|---|--|
| ABA/Routing # 1 2 4 0 8 5 2 4 4 | ABA/Routing # <input type="text"/> |
| Card ID # 3 5 3 <input type="text"/> | Account # (NOT Card #) <input type="text"/> |
| | Checking <input type="checkbox"/> Savings <input type="checkbox"/> |

New!

1. Ask to see a **blank check** or **deposit slip** that shows the employee name. This is to confirm accurate routing and account numbers, and to assure they are asking us to direct their money to a bank, not another pay card.
2. **Snapshot the check* or deposit slip and text to ids@aldridgeinc.com**

*Write Void across the blank check before texting.



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: _____