



BUSINESS FINANCIALS

BOOKKEEPING · PAYROLL · TAXES · HR SOLUTIONS

EMPLOYEE DIRECT DEPOSIT AUTHORIZATION

Employer Name:		Effective Date:
Employee Name:	Social Security #:	Birthdate:
Address:		
City, State Zip:		
Phone Number:	Email:	

CHOOSE YOUR METHOD OF DIRECT DEPOSIT:

I request my payroll deduction / direct deposit be placed in the following account(s):

BANK / CREDIT UNION	BANK ABA#	ACCOUNT#	DEDUCTION AMOUNT / NET PAY	TYPE OF ACCOUNT
			<input type="checkbox"/> AMT _____	<input type="checkbox"/> Savings <input type="checkbox"/> Checking
			<input type="checkbox"/> NET _____	<input type="checkbox"/> Savings <input type="checkbox"/> Checking

PLEASE PROVIDE A VOIDED CHECK OR DIRECT DEPOSIT FORM FROM YOUR BANK FOR EACH CHECKING ACCOUNT LISTED ABOVE. PLEASE ALLOW UP TO 10 BUSINESS DAYS FOR DIRECT DEPOSIT TO BE ACTIVATED.

AND / OR:

rapid! PayCard Issuance Authorization Form

Financial Institution Name: MetaBank®	DEDUCTION AMOUNT / NET PAY
Routing Number: 124085244	<input type="checkbox"/> \$ _____ OR
Direct Deposit Account Number: 353_____ (Card ID on front of envelope)	<input type="checkbox"/> _____ %
To be assigned and entered by BUSINESS FINANCIALS	



The rapid! PayCard® MasterCard Card is issued by MetaBank®, Member FDIC, pursuant to license by MasterCard International Incorporated. Prepaid card can be used wherever Debit MasterCard is accepted. MasterCard is a registered trademark of MasterCard International Incorporated. 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 BUSINESS FINANCIALS to withhold the indicated amount(s), if available, from my pay, and deposit directly into the account(s) shown and/or I hereby authorize BUSINESS FINANCIALS to assign a rapid! PayCard® and initiate credit entries and any correcting entries to my assigned rapid! PayCard® account. The direct deposit(s) will be made on each payday, unless I notify BUSINESS FINANCIALS in writing of my intent to cancel. Upon BUSINESS FINANCIALS'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 BUSINESS FINANCIALS to debit my account(s) not to exceed the original amount of the credit.

I understand that BUSINESS FINANCIALS 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.

Note: If sending this form electronically, please type your initials and the last 4 digits of your social security number in the signature field. If sending or faxing a paper copy, please print out and sign your name(s) in the signature box.

Employee Signature: _____ **Date:** _____