



DIRECT DEPOSIT AUTHORIZATION

EMPLOYEE INFORMATION

Employee Name:
Social Security Number:
Employer:

PLEASE CHECK ONE:

<input type="radio"/> New / Replace existing account on file
<input type="radio"/> Add to existing account on file
<input type="radio"/> Cancel / Stop

COMPLETE FOR DIRECT DEPOSIT

<u>Account 1</u>	<u>Account 2</u>
Bank Name: _____	Bank Name: _____
Routing Number: _____	Routing Number: _____
Account Number: _____	Account Number: _____
<input type="radio"/> Checking <input type="radio"/> Savings <input type="radio"/> Entire Net Pay <input type="radio"/> Percentage of Net Pay _____ % <input type="radio"/> Specific Dollar Amount \$ _____	<input type="radio"/> Checking <input type="radio"/> Savings <input type="radio"/> Entire Net Pay <input type="radio"/> Percentage of Net Pay _____ % <input type="radio"/> Specific Dollar Amount \$ _____
<i>Please attach a voided check or deposit slip for verification of bank data.</i>	

COMPLETE FOR RAPID PAYCARD

<i>I authorize Worksite to deposit my wages on to my Rapid PayCard. I agree to the terms and conditions of the Rapid PayCard Program including any transaction fees.</i>	Card ID: _____ <small>*Located on the front of the PayCard envelope.</small>
Select One: <input type="radio"/> Entire Net Pay <input type="radio"/> Percentage of Net Pay _____ % <input type="radio"/> Specific Dollar Amount \$ _____	
Please print the address where the Rapid PayCard should be mailed:	
Street Address: _____ Apt# _____	
City: _____ State: _____ Zip: _____	
Home Phone: _____ Date of Birth: _____	

EMPLOYEE AUTHORIZATION

I hereby authorize Worksite to deposit my earnings directly into my checking and/or savings account(s) as indicated above and agree that such credit to these accounts constitutes payment and receipt by me. Worksite reserves the right to recall funds sent in error and to interrupt or discontinue direct deposits and issue live checks to any and all employees at any time for any reason. I am always responsible for verifying that funds have been credited into the proper account and are available prior to writing checks or otherwise withdrawing funds from this account. I am aware that this authority will remain in full effect until Worksite receives ten (10) days prior written notification from me of change or termination.

Employee Signature: _____ **Date:** _____

By signing above, I am agreeing that I am either the account holder or have authority of the account holder to authorize Worksite to make direct deposits into the above account(s).

Worksite Use Only

Received by:	Processed by:
Date:	Date: