



# DIRECT DEPOSIT/CASH CARD AUTHORIZATION

**\*\*YOUR FIRST CHECK WILL BE A LIVE CHECK!\*\***

I wish to enroll in:  Direct Deposit     Rapid! Pay Card     Unsure at this time

## Employee Information

First Name:	Last Name:
Social Security #:	Date of Birth:
Signature:	Date:

## Authorization Agreement

I hereby authorize that the net amount of salaries or wages due to me be paid by credit to my account with the bank indicated below beginning with the pay day for the next full pay period possible and continuing until cancelled.

**There will be one pay period used as a test for which you will receive a check before actual direct deposit begins.**

NOTE: Only one account can be selected and the full net amount must be deposited.

Funds will be available in your account on Thursday.

## Account Information

Bank Name:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Routing Number:	Account Number:

If other arrangements need to be made please contact the payroll department at 315.457.2500