

DIRECT DEPOSIT OF PAYROLL AUTHORIZATION FORM

Employer Name: _____

Employee Name: _____

Employee Social Security Number: _____

NEW ENROLLMENT: _____ **OR** **CHANGE OF ACCOUNT:** _____

Please check mark the type of Direct Deposit you wish to use and follow instructions in box

CHECKING ACCOUNT

_____ CHECKING (Attach VOIDED check or verification from bank with routing and account #)

SAVINGS ACCOUNT

_____ SAVINGS (Attach proof of routing and account # from Bank)

BANK NAME: _____

ROUTING # _____ ACCOUNT# _____

RE-LOADABLE PAYROLL CARD OF YOUR CHOICE

_____ Payroll card of your choice: (Attach paperwork that was included with your re-loadable card)
(Please note account # is different than card # on front of card)

BANK NAME ISSUING CARD _____

ROUTING # _____ ACCOUNT# _____

COMDATA RE-LOADABLE PAYROLL CARD

_____ Comdata Payroll Card: (Complete front & back of Pay Card Consent Form on next page)

County: _____ Date of Birth: _____ Phone #: _____

Have you ever been issued a Comdata Card? (Please circle one) Yes or No

If yes: Do you currently have the card? (Please circle one) Yes or No

AUTHORIZATION STATEMENT:

I hereby authorize the fiscal agent of my employer and the financial institution listed above to deposit my pay electronically to my account each payday. If funds to which I am not entitled are deposited to my account, I authorize the fiscal agent of my employer to direct the financial institution to return said funds. I understand that the fiscal agent of my employer does not intend to deposit its own funds to my account, but only those funds which are provided to it for my account on behalf of the employer named above.

EMPLOYEE SIGNATURE (form not valid if not signed)

DATE

10/14/16