

Direct Deposit Authorization Form

Company Code _____ Company Name _____

Employee ID _____ Employee Name _____

Methods of Payment

You have the option to receive your net wages via cash or check. These payment methods do not require your approval. For your convenience, you may choose to receive your wages via direct deposit to a financial institution or payroll debit card. These options do require your consent. If you do not provide consent, your wages will be paid to you in cash or by check. If you would like to receive your wages via direct deposit, please review the consent section below and sign accordingly.

Direct Deposit Consent

I acknowledge that I have been informed of my wage payment options. I hereby authorize my employer, along with National Payment Corporation and the financial institution(s) I have designated, to deposit my wages automatically into the account(s) I have provided. I further authorize adjustments to these deposits, including the withdrawal of funds, in the event that an error is made or funds are deposited in error. I waive any rights to dispute such debit entries and personally guarantee the return of any such funds if necessary. By completing this form and signing below, I give my consent to receive wage payments via direct deposit.

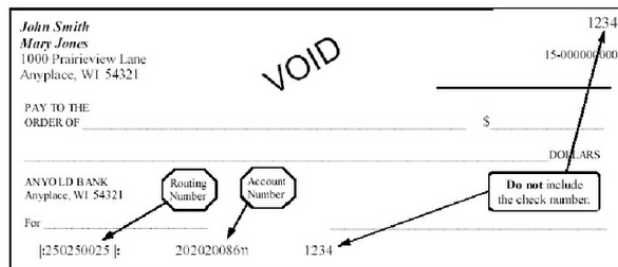
Direct Deposit Information

	Routing ABA	Bank Account #	Checking/Savings			
1	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input type="checkbox"/>	Entire Net	<input type="checkbox"/> \$ / % _____
2	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input type="checkbox"/>	Entire Net	<input type="checkbox"/> \$ / % _____
3	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input type="checkbox"/>	Entire Net	<input type="checkbox"/> \$ / % _____

This Direct Deposit Information is

- New
- Replacing Existing Account Number # _____

PLEASE ATTACH VOID CHECK or BANK SPECIFICATION SHEET



Signature

Print Name

Date