PHOENIX

Payroll Solutions

Direct Deposit/

Rapid! PayCard Authorization

Employee Information
Employee Name:
Social Security Number:
Employer:

Please Check One:
☐ New/Replace existing account on file
☐ Add to existing account on file
☐ Cancel/Stop

Complete for DIRECT DEPOSIT

Account 1	Account 2
Bank Name:_____	Bank Name:_____
Routing Number:_____	Routing Number:_____
Account Number:_____	Account Number:_____
☐ Checking ☐ Savings	☐ Checking ☐ Savings
☐ Entire Net Pay	☐ Entire Net Pay
☐ Percentage of Net Pay _____%	☐ Percentage of Net Pay _____%
☐ Specific Dollar Amount $_____	☐ Specific Dollar Amount $_____

Please attach a voided check for verification of bank data. All returned direct deposits without proper documentation are subject to a $40 return fee.

Complete for RAPID! PAYCARD

I hereby authorize Phoenix Payroll Solutions 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 paydate, unless I notify Phoenix Payroll Solutions of my intent to cancel. Upon Phoenix Payroll Solutions receipt of a request to cancel a direct deposit authorization, it shall become effective after a reasonable opportunity to act upon it.

I wish to deposit (select one):

☐ Entire Net Pay ☐ Percentage of Net Pay _____% ☐ Specific Dollar Amount $_____

Rapid! PayCard Setup & Activation Information

The following details are required to set up your rapid! PayCard and will be needed to activate your card after receipt.

Phone Number: _____ **Email Address:** _____

Employee Authorization

I hereby authorize Phoenix Payroll Solutions 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. Phoenix Payroll Solutions 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 Phoenix Payroll Solutions receives thirty (30) days prior written notification from me of change or termination. Phoenix Payroll Solutions does not offer early direct deposit services. Direct deposits are processed and funded to be available on your scheduled payday. The receiving banks have until 5 pm to make those funds available.

Employee Signature: _____ Date: _____

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

PHOENIX USE ONLY	
Received by:	Processed by:
Date:	Date: