

PHOENIX

Payroll Solutions

Direct Deposit/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 authorize Phoenix Payroll Solutions to deposit my wages on to my Rapid Paycard. I agree to the terms and conditions of the Rapid PayCard Program including the monthly service/transaction fees.

I wish to deposit (select one):

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

Please print the address where the Rapid PayCard should be mailed:

Street Address: _____ Apt # _____

City _____ State _____ Zip Code _____

Home Phone _____ Date of Birth _____

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 am agreeing 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: _____