

PHOENIX

Payroll Solutions

Direct Deposit/Paycard

Authorization

Employee Information	
Employee Name: _____	
Social Security Number: _____	
Employer: _____	

Please Check One:	
<input type="checkbox"/>	New/Replace existing account on file
<input type="checkbox"/>	Add to existing account on file
<input type="checkbox"/>	Cancel/Stop

Complete for DIRECT DEPOSIT			
Account 1		Account 2	
Bank Name: _____		Bank Name: _____	
Routing Number: _____		Routing Number: _____	
Account Number: _____		Account Number: _____	
<input type="checkbox"/>	Checking	<input type="checkbox"/>	Savings
Entire Net Pay		Entire Net Pay	
Percentage of Net Pay _____ %		Percentage of Net Pay _____ %	
<input type="checkbox"/>	Specific Dollar Amount \$ _____	<input type="checkbox"/>	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): <input type="checkbox"/> Entire Net Pay <input type="checkbox"/> Percentage of Net Pay _____ % <input type="checkbox"/> 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 he 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 accountholder or have authority of the accountholder to to authorize Phoenix Payroll Solutions to make direct deposits into the above account(s).	

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