

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT (Checking/Savings Account OR PayCard Visa Payroll Card)



Please print CLEARLY to avoid delay in processing.

Direct Deposit automatically deposits your paycheck for you every payday in your checking/savings account at your own financial institution.

Name: _____ SSN: _____ DOB: _____

Address: _____ Phone No.: _____
Street City State Zip

I hereby authorize Propel HR/Client to initiate credit entries and initiate, if necessary, debit entries and adjustments for any credit entries to my account selected below and the depository named below to credit and/or debit the same to such account. Further, I agree not to hold Propel HR/Client responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me.

This authority is to remain in full force and effect until Propel HR/Client has received written notification from me of its termination in such manner as to afford Propel HR/Client reasonable opportunity to act on it.

Signature: _____ Date: _____

Direct Deposit – Bank Account

(A VOIDED CHECK and/or SAVINGS DEPOSIT **MUST** BE ATTACHED)

Select One: _____ Checking Account _____ Savings Account

Enter Dollar Amount or a percentage of Net Pay: _____ (\$\$\$) OR _____ (%)

Financial Institution: _____ Branch: _____

Transit/ABA No.: _____ Account No.: _____

PayCard Visa Payroll Card

Generally, the direct deposit is noted on the card by 10 am EST on the pay day. Please check your account each pay period prior to use. First PayCard is issued at no cost.

With my acknowledgement and additional information provided herein, I hereby elect the PayCard Visa Payroll option to receive my pay and understand that possession of the card and my pay transferred to such card are my sole responsibility. I further understand that if I lose my card, I must take the following steps immediately:

- ✓ **employee** is to immediately notify Propel HR/Client of lost or stolen card (payday may be delayed); another card will be issued at the employee's cost of \$10 (per card)
- ✓ **employee** is responsible for covering fees to replace the card and with pulling the funds back from the lost or stolen card

I further acknowledge and authorize payroll deduction for fees associated with replacing the card and pulling back money deposited to my card where my card may have been lost, stolen or is missing.

Signature: _____ Date: _____

Electronic Signature Page: