

# Debit Card Request Form



This debit card will belong to you and can be used for direct deposit anywhere. The card can be used like any debit card and you can also set up bill payments through your account.

*Do not sign this request if you do not want your earnings to be direct deposited onto a debit card. By signing this request, your paycheck will be direct deposited onto a debit card each payday instead of your bank account.*

Company Name: \_\_\_\_\_

Employee Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Cell #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

\$ \_\_\_\_\_ or \_\_\_\_\_% or Entire Check

I am requesting a Debit/Pay Card to initiate credit entries and/or any correcting entries to my assigned card account. Direct deposit(s) will be made on each payday unless I notify my employer in writing of my intent to cancel. After submitting the request to cancel a direct deposit authorization, I understand that the cancellation shall become effective after my employer has a reasonable opportunity to act upon it (no longer than 15 days).

In the event that funds are deposited erroneously into my account, I authorize my employer to debit my account(s) not to exceed the original amount of the credit.

I understand that my employer reserves the right to refuse any direct deposit request. I also understand that all direct deposits are made through the automated clearing house (ACH) and that funds availability is subject to the terms and limitations of the ACH as well as my financial institution.

I authorize \_\_\_\_\_ (Company/Employer) to automatically deposit my paycheck onto the assigned debit card. This authorization will remain in effect until I give written notice to cancel it.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Innovative Payroll Processing Use Only - Do Not Write Below This Line**

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_