



Direct Deposit Election Form and Payroll Card Authorization Form
Youth/Adult Work Experience
Fax: 866.606.7780

Client Name : _____

Employee Name: _____ SSN: _____

Please check one of the following:

- Add an account Change an account Delete an account

Account #1 Account type: Checking (Attach voided check) Savings
Bank Name:
Routing Number: Account Number:
Requested amount for this account: (select one)
Entire Balance % of Net Pay: Specific Amount: \$
Please attach a voided check to ensure account number accuracy
*** Employee must be account holder on accounts listed above ***

Account #2 Account type: Checking (Attach voided check) Savings
Bank Name:
Routing Number: Account Number:
Requested amount for this account: (select one)
Entire Balance % of Net Pay: Specific Amount: \$
Please attach a voided check to ensure account number accuracy
*** Employee must be account holder on accounts listed above ***

Payroll Debit Card
I would like to receive my wages on a payroll debit card.
Requested amount for this account: (select one)
Entire Balance % of Net Pay: Specific Amount: \$
*** A payroll debit card, instructions, and fee schedule will be sent to your place of employment. ***

I hereby authorize UniqueHR to initiate credit entries (deposits) and/or to initiate, if necessary, debit entries (withdrawals) and/or initiate adjustments for any credit entries made in error to my account(s).

I understand and hereby authorize that any future changes made to my direct deposit via the paper direct deposit form or via UniqueHR's online portal, are also subject to adjustments for any debit or credit entries and/or deposit errors made to my account(s).

Employee Signature: _____ Date Signed : _____