



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

Payroll Debit Card
<input type="checkbox"/> I would like to receive my wages on a payroll debit card.
Requested amount for this account: (select one)
<input type="checkbox"/> Entire Balance <input type="checkbox"/> % of Net Pay: _____% <input type="checkbox"/> 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 that any new direct deposit or change to my direct deposit will be processed approximately one week from UniqueHR's receipt of this form. I am aware my final check may be processed as a hard copy check and not direct deposited.

Employee Signature: _____ **Date Signed :** _____