



EMPLOYEE DIRECT DEPOSIT AUTHORIZATION

(Please allow 2-3 weeks for the direct deposit and/or rapid! PayCard to take effect)

Employee Name:	
Address:	City / State / Zip:
Birth Date:	Social Security Number:
Phone:	Email:



CHOOSE YOUR METHOD OF DIRECT DEPOSIT (PLEASE PROVIDE A VOIDED CHECK FOR EACH CHECKING ACCOUNT LISTED BELOW):

I request my payroll deduction / direct deposit be placed in the following account(s):

BANK / CREDIT UNION	BANK ABA#	ACCOUNT#	DEDUCTION AMOUNT / NET PAY	TYPE OF ACCOUNT
	#	#	<input type="checkbox"/> \$ _____ or <input type="checkbox"/> 100%	<input type="checkbox"/> Savings <input type="checkbox"/> Checking
	#	#	<input type="checkbox"/> \$ _____ or <input type="checkbox"/> 100%	<input type="checkbox"/> Savings <input type="checkbox"/> Checking

AND / OR:

rapid! PayCard Issuance Authorization Form

 	Financial Institution Name: The Bancorp Bank	DEDUCTION AMOUNT / NET PAY <input type="checkbox"/> \$ _____ or <input type="checkbox"/> 100%
	Direct Deposit Account Number:	
	Customer ID: _____ <i>(Customer ID on front of envelope)</i>	
	Card ID: 933 - _____ <i>(Card ID on front of envelope)</i>	
To be assigned and entered by WORK OPPORTUNITIES UNLIMITED / LEDDY GROUP		
Routing Number: 0311-0116-9		

I authorize WORK OPPORTUNITIES UNLIMITED / LEDDY GROUP to withhold the indicated amount(s), if available, from my pay, and deposit directly into the account(s) shown and/or I hereby authorize WORK OPPORTUNITIES UNLIMITED / LEDDY GROUP to assign a rapid! PayCard and initiate credit entries and any correcting entries to my assigned rapid! PayCard account. The direct deposit(s) will be made on each payday, unless I notify WORK OPPORTUNITIES UNLIMITED / LEDDY GROUP in writing of my intent to cancel. Upon WORK OPPORTUNITIES UNLIMITED / LEDDY GROUP's receipt of a request to cancel a direct deposit authorization, it shall become effective after a reasonable opportunity to act upon it.

In the event funds are deposited erroneously into my account, I authorize WORK OPPORTUNITIES UNLIMITED / LEDDY GROUP to debit my account(s) not to exceed the original amount of the credit.

I understand that WORK OPPORTUNITIES UNLIMITED / LEDDY GROUP 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.

Note: If sending this form electronically, please type your initials and the last 4 letters of your social security number in the signature field. If sending or faxing a paper copy, please print out and sign your name(s) in the signature box.

Employee Signature: _____ Date: _____



Direct Deposit Opt-Out Form

Please return to Payroll Department. Requests take approximately 2-3 weeks to complete processing.

Por favor, entregue este formato a la Oficina de Recursos Humanos. Este requisito toma aproximadamente 2-3 semanas para completar el proceso.

Fill out all the information below and sign / Complete la siguiente información y firme.

Name / Nombre		Date of Birth / Fecha de Nacimiento (MM/DD/YYYY)		
Address / Domicilio		City / Ciudad	State / Estado	Zip Code / Código Postal
Home Phone / Teléfono de Casa	Cell Phone / Teléfono Celular	Last 4 digits of Social Security Number / Últimos 4 dígitos de su Seguro Social		

By signing this document, I am aware that I will not be participating in direct deposit and will receive a paper check. I am also aware that I can change my pay selection at anytime should I decide to choose a direct deposit option in the future.

Al firmar este documento, soy consciente que no obtendré depósito directo y que recibiré mis pagos en cheque. Entiendo también que puedo cambiar en cualquier momento la opción de forma de pago en el caso que decida obtener depósito directo en el futuro.

Printed Name / Nombre Impreso

Signature / Firma

Date / Fecha