

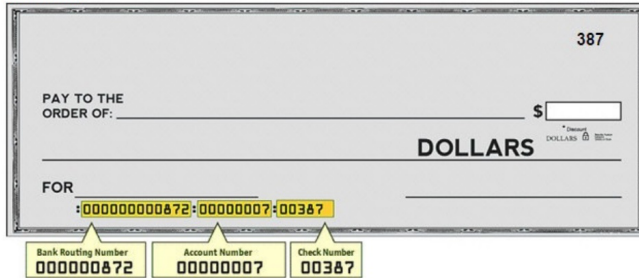
Direct Deposit Authorization



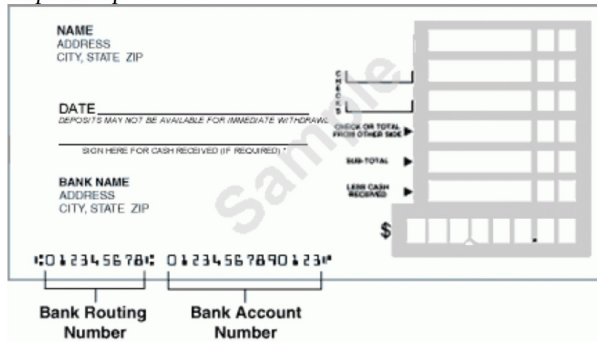
Employee Name _____

Required! One of the following for evidence of account information:

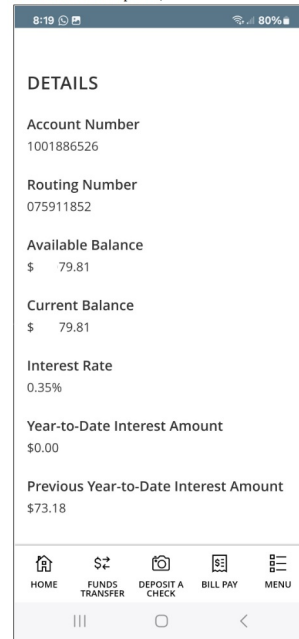
Blank check



Deposit slip



Screen shot from phone



Bank Name _____	Rapid Pay Card
Checking <input type="checkbox"/> Checking <input type="checkbox"/>	
Routing # _____	Routing # 1 2 4 0 8 5 2 4 4
Account # _____	# from envelope _____

By providing the information requested above and signing below, I hereby consent to receive my wages, including any wage adjustments or off cycle wage payments and wage payments upon discharge, by electronic transfer of wages to the financial institution or paycard I have designated.

Employee Signature _____

Date _____