



Direct Deposit Election Form and Payroll Card Authorization Form

Phone: 361.852.6392 or 800.824.8367

Fax: 361.653.7990

Employee Name: _____ SSN: _____

Please check one of the following:

- New Direct Deposit Setup Change existing Direct Deposit setup Cancel Direct Deposit

Account #1	Account type: <input type="checkbox"/> Checking (Attach voided check)	<input type="checkbox"/> Savings (Attach deposit slip)
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: \$ _____		

Account #2	Account type: <input type="checkbox"/> Checking (Attach voided check)	<input type="checkbox"/> Savings (Attach deposit slip)
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: \$ _____		

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: \$ _____

****Please note: The election of Direct Deposit, and the account information listed above, will remain in effect until the Unique Employment payroll department is notified by you in writing that your account information has changed or that you no longer would like your checks deposited electronically, regardless of a break in employment.**

I hereby authorize Unique Employment 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).

Employee Signature: _____ Date: _____