



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:

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

Account #1 Account type: checkbox Checking (Attach voided check) checkbox Savings (Attach deposit slip) Bank Name: _____ Routing Number: _____ Account Number: _____ Requested amount for this account: (select one) checkbox Entire Balance checkbox % of Net Pay: _____% checkbox Specific Amount: \$ _____

Account #2 Account type: checkbox Checking (Attach voided check) checkbox Savings (Attach deposit slip) Bank Name: _____ Routing Number: _____ Account Number: _____ Requested amount for this account: (select one) checkbox Entire Balance checkbox % of Net Pay: _____% checkbox Specific Amount: \$ _____

Payroll Debit Card checkbox I would like to receive my wages on a payroll debit card. Requested amount for this account: (select one) checkbox Entire Balance checkbox % of Net Pay: _____% 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.

_____ Please initial here that you have read the statement above

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: _____