



DIRECT DEPOSIT ELECTION FORM AND PAYROLL AUTHORIZATION FORM

Phone: 361.852.6392
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: Checking Savings Bank Name: Routing Number: Account Number: Requested amount for this account: Entire Balance % of Net Pay Specific Amount

Account #2 Account type: Checking Savings Bank Name: Routing Number: Account Number: Requested amount for this account: Entire Balance % of Net Pay Specific Amount

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