

EMPLOYEE DIRECT DEPOSIT AUTHORIZATION

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

CHOOSE YOUR METHOD OF DIRECT DEPOSIT:



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

PLEASE PROVIDE A VOIDED CHECK FOR EACH CHECKING ACCOUNT LISTED ABOVE.

AND / OR:

WEX rapid! PayCard Issuance Authorization Form

 	Financial Institution Name: The WEX Bank	DEDUCTION AMOUNT / NET PAY
	Direct Deposit Account Number: 353 - _____ <i>(Card ID on front of envelope)</i>	
	To be assigned and entered by MY EMPLOYER	
	Routing Number: 124085244	<input type="checkbox"/> \$ _____ or <input type="checkbox"/> 100%

I authorize MY EMPLOYER to withhold the indicated amount(s), if available, from my pay, and deposit directly into the account(s) shown and/or I hereby authorize MY EMPLOYER to assign a WEX rapid! PayCard and initiate credit entries and any correcting entries to my assigned WEX rapid! PayCard account. The direct deposit(s) will be made on each payday, unless I notify MY EMPLOYER in writing of my intent to cancel. Upon MY EMPLOYER'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 MY EMPLOYER to debit my account(s) not to exceed the original amount of the credit.

I understand that MY EMPLOYER 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 digits 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: _____