Integrity Staffing

ePayroll Direct Deposit Acceptance Form

Last Name:	First Name, Initial:	Date of Birth (MM/DD/YYYY):
Address (Mailing):	**City:**	**State and Zip Code:**
Home Phone:	**Daytime Phone:**	**Employee ID or Social Security:**
Employer Name:	**Employer Address:**	**Name of Issuing Financial Institution (Bank):**

Please choose from the following options:

___ Direct Deposit —I have a bank account already. Here is the information to set me up.

___ rapid! PayCard—I would like to register my new rapid! PayCard Visa Payroll Card.

.

Bank Name:_____

Bank Routing Number:_____

Account Number:_____

___ Checking   ___ Savings

Name: rapid! PayCard_____

Routing Number: 031101169_____

Customer ID (number in front of envelope)

_____

I authorize INTRGRITY STAFFING to withhold the indicated amount(s), if available, from my pay, and deposit direct into the account(s) shown and/or I hereby authorize INTEGRITY STAFFING to assign a rapid! PayCard and initiative credit entries and any correcting entries to my assigned rapid! PayCard account. The direct deposit(s) will be made on each payday, unless I notify INTEGRITY STAFFING in writing of my intent to cancel. Upon INTEGRITY STAFFING receipt of a request to cancel a direct deposit authorization, it shall become effective after a reasonable opportunity to act upon it.
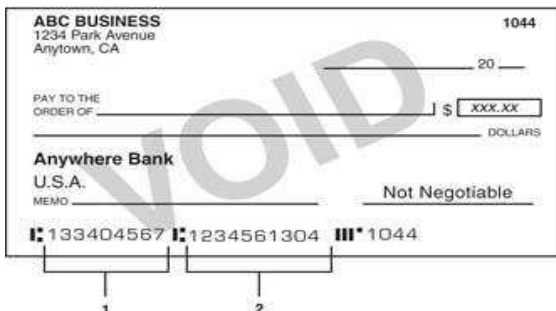
In the event funds are deposited erroneously into my account, I authorize INTEGRITY STAFFING to debit my account(s) not to exceed the original amount of the credit.

I understand that INTEGRITY STAFFING 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.

For Direct Deposit to a bank account or a rapid! Paycard, please attach a voided check below, sign and date.

Print name:_____   Signature:_____   Date:_____

ABC BUSINESS
1234 Park Avenue
Anytown, CA   1044

PAY TO THE
ORDER OF _____ | $ [XXX.XX]
_____ DOLLARS

Anywhere Bank
U.S.A.
MEMO _____   Not Negotiable

I:133404567 I:1234561304 III'1044

VOID

1 **Bank Routing Number**
   (requires 9 digits)

2 **Bank Account Number**
   (not to exceed 17 digits)

1   2

Attach voided check in this space.