

TO BE COMPLETED BY EMPLOYEE:

Name _____ TUID # _____

Address _____ City _____ State _____ ZIP _____

Telephone Numbers (home) _____ (work) _____

Email Address _____

Complete for Paycard Program Election

I would like my wages/salary deposited to my PAYroll Debit Card Account. I understand I can receive all of my pay in full one time without cost each pay period by requesting a cash withdrawal from a bank teller. I also understand that I can use a Pre-Check to access my full pay without any program fees but check-cashing fees may apply. (Fee only applies if employee chooses to cash a pre-check at a check cashing agency.) I understand there is no fee for Point of Sale (POS) purchases and internet purchases and that I can access my account balance for free at an ATM or online. This program may include per use fees of \$1.50 for ATM withdrawals, \$2.00 processing for using more than one Pre-Check per pay period & \$6.95 card replacement.

Payroll Debit Card Account

_____ (Initials)

My initials certify that I am in agreement with the above statement.

Payroll Authorization

I authorize Temple University to deposit my net pay via electronic transfer into the account I have designated above. If funds to which I am not entitled are deposited to my account, I authorize the University to direct the financial institution to return said funds, not to exceed the original amount of the credit.

I understand that it is my responsibility to verify that payments have been credited to my account and that the University assumes no liability for overdrafts for any reason. I understand that in the event that my financial institution is not able to deposit any electronic transfer into my account due to an action I take, the University cannot issue the funds to me until the funds are returned to the University by the financial institution.

I understand that this authorization will override any previous authorizations and will remain in effect until revoked by me. I understand that I must notify the Payroll Management Office before I close the account listed above while this authorization is in effect. If I fail to provide notification to the University, I understand my receipt of my pay may be delayed.

Employee's Signature _____

Date _____