

IMKO DIRECT DEPOSIT AUTHORIZATION FORM

Get your pay the easy way. Make payday quick and easy by switching to electronic deposit.

Fill out this form and return it to: IMKO Workforce Solutions or Fax: 816-233-9477

_____ **Direct Deposit** _____ **Checking** _____ **Savings**

By choosing traditional direct deposit, your pay will be deposited directly into your checking or savings account each payday.

Bank Name: _____

Acct Number _____ Routing Number _____

**** **Must attach a void check or form from the Banking facility with Account No. and Routing No. We cannot accept deposit slips.**

_____ **FOCUS VISA Pay Card** (You do not need a bank account)

With the Focus Card, your pay will be deposited onto a prepaid Visa card.

The Focus Visa Card can be used to make purchases everywhere Visa debit or credit cards are accepted worldwide.

(Please print)

First Name: _____ Last Name: _____

Social Security No.: _____ Date of Birth: _____

Street Address: _____ Apt#: _____

City: _____ State: _____ Zip _____

Home or Cell Phone No.: () _____

I hereby authorize IMKO Workforce Solution to initiate credit entries (deposits) and initiate, if necessary, debit entries and adjustments for credit entries in error to my Focus VISA Card or Bank Account indicated above. This authorization will remain in effect until cancelled by me with written notification to IMKO. I understand it is my responsibility to check with my bank weekly to make sure my check has been deposited into my account. IMKO is not responsible for any bank charges that may occur to my account.

Signature: _____ Date: _____