



CheckMark, Inc.  
 724 Whalers Way, Ste. H-101  
 Fort Collins, CO 80525-7541  
 Fax: 970-225-0611  
 Email: payrollservices@checkmark.com

## Direct Deposit / Paycard Authorization Form

- New Enrollment (Complete and sign this form and attach a **VOIDED CHECK** for each account)
- Change of Accounts and/or Financial Institution (Complete and sign this form and attach a **VOIDED CHECK/ PAYCARD ENROLLMENT FORM** for each account)
- Cancel Participation (Sign form)

### Direct Deposit

**Primary Account**     Checking     Savings

Will be credited with the balance of net after deposits are made to any secondary accounts, if designated.

Financial Institution \_\_\_\_\_

Routing Number \_\_\_\_\_

Account Number \_\_\_\_\_

**Secondary Account** (Optional)  Checking     Savings

Dollar amount to be deposited each paycheck \$ \_\_\_\_\_

Financial Institution \_\_\_\_\_

Routing Number \_\_\_\_\_

Account Number \_\_\_\_\_

### Paycard

**Primary Card**

Will be credited with the balance of net after deposits are made to any secondary accounts, if designated.

Financial Institution \_\_\_\_\_

Routing Number \_\_\_\_\_

Account Number \_\_\_\_\_

(Enter last 4 digits of your paycard account)

**Secondary Account** (Optional)

Dollar amount to be deposited each paycheck \$ \_\_\_\_\_

Financial Institution \_\_\_\_\_

Routing Number \_\_\_\_\_

Account Number \_\_\_\_\_

(Enter last 4 digits of your paycard account)

### Authorization Statement

I hereby authorize CheckMark, Inc. and the financial institution(s) listed above to deposit my pay electronically to my account each payday. If funds to which I am not entitled are deposited to my account, I authorize CheckMark, Inc. to direct the financial institution(s) to return said funds. This authority will remain in effect until I have signed a new authorization form.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date