



CheckMark, Inc.
 323 W Drake Rd, Ste. 100
 Fort Collins, CO 80526
 Phone: 970-225-0522 - Fax: 970-225-0611
 Email: payrollservices@checkmark.com

Employer / Client _____ Client # _____ Date _____ New Change

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