



**EMPLOYER DIRECT DEPOSIT AUTHORIZATION AGREEMENT**

I understand that the primary method of payment on IndependentChoices-Palco is electronic funds transfer ("EFT"). **I understand that failure to timely submit this form and proper documentation to Palco, Inc. will result in a delay of payment.**

\_\_\_\_\_  
Name (please print) Social Security # of Account Holder Telephone #

I authorize Palco, Inc. to initiate automatic deposits to my checking/savings account or prepaid card indicated below. I authorize Palco, Inc. to initiate debit entries to the account or card indicated below for the purpose of correcting an erroneous credit previously initiated to my account. Any changes to my account must be submitted to Palco, Inc. immediately. I agree I will not hold Palco, Inc. responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account. **I understand that it is my responsibility to verify the**

**ACCOUNT INFORMATION**

Reason for authorization: (CHECK ONE)  New Account  Change of Account  Cancellation

Type of account: (CHECK ONE)  CHECKING ACCOUNT  SAVINGS ACCOUNT  PREPAID CARD

Print your routing number & account number below, and list the appropriate documentation you are submitting. If you do not know your routing & account numbers, ask your bank for assistance. **A PARTICIPANT/EMPLOYER & A WORKER/EMPLOYEE CANNOT BE ON THE SAME ACCOUNT!**

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

**DOCUMENTATION**

In order for this Direct Deposit Authorization Agreement to become effective, you must attach validating documentation to this form. Such documentation may be any of the following: (1) A letter from your bank or financial institution with your name, account, and routing number typed on the form; (2) A voided check; or (3) The pre-printed, typed form that came with your prepaid card. **Temporary checks and deposit slips are NOT valid documentation.** The name printed on letters from your bank and voided checks must match your name. Palco will

- (CHECK ONE)  LETTER FROM MY FINANCIAL INSTITUTION
- VOIDED CHECK
- TYPED FORM THAT CAME WITH MY PREPAID CARD

**SIGNATURE**

I understand that deposit slips and temporary checks are unacceptable forms of enrollment for direct deposit and that I must attach the requisite paperwork for my enrollment to be valid. **I understand that it may take up to two (2) business days for funds to be credited to my account.** I understand that I will be charged \$10.00 if I exceed two (2) Direct Deposit Authorization Agreements within a one-year period. This authorization will remain in full force and effect until Palco, Inc. has received **written** cancellation in such time and in such manner as to afford Palco, Inc. and all appropriate financial institutions a reasonable opportunity to act on it.

\_\_\_\_\_  
Signature Date (month/day/year)

FAX TO:  
501-753-2616  
(No cover sheet needed)

MAIL TO:  
P.O. BOX 13280  
MAUMELLE, AR 72113

Questions? Please call 501-604-9936 or 1-866-710-0456  
For TDD/TTY, call Arkansas Relay Service 711