

Payroll Payment Request

Employee Information Employee Name: _____ Social Security No.: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Direct Deposit **Bank Account Information**

Account Type: Checking Savings

ABA/Routing #: _____ Account #: _____

Bank Name: _____ Deposit Amount: _____ or All

Bank Account Information - Account 2:

Account Type: Checking Savings

ABA/Routing #: _____ Account #: _____

Bank Name: _____ Deposit Amount: _____ or All

Additional Information for Direct Deposit:

- Depending on your bank's processes, pay should be automatically deposited into your account(s) within 2 pay periods.
- It is your responsibility to notify Payroll of any changes to / closure of your bank account. Failure to notify Payroll may delay issuance of checks.
- **For each account, you must provide a voided check drawn from the account (no deposit slips) or a letter from the bank on official letterhead verifying the ABA and account #. Incomplete or inaccurate information will not be processed.**

By providing the information requested above and signing below, I hereby elect and consent to receive my wages via direct deposit. In addition, I hereby authorize CAREERXCHANGE® on its own behalf and on behalf of its direct and indirect subsidiaries and affiliates to make (electronically or otherwise) all deposits and deposit adjustments involving my pay, to the account(s) identified above, and I authorize the bank(s) listed above to accept such deposits and make such adjustments. If any funds are deposited to my account in error and not due to me by CAREERXCHANGE®, I authorize CAREERXCHANGE® to initiate the necessary debit entries, not to exceed the total of the original amount credited for the pay period involved in this transaction. These authorizations will remain in effect until CAREERXCHANGE® receives written notice from me terminating my authorization.

Paycard **Paycard Information:**

Paycard Number: _____ Deposit Amount: _____ or All

By providing the information requested above and signing below, I hereby elect and consent to receive my wages by electronic transfer of wages to a paycard. In addition, to the extent permitted by applicable law, I hereby authorize CAREERXCHANGE® to make all of my deposits and deposit adjustments to my paycard, and I authorize the bank where such funds are deposited to accept such deposits and make such adjustments. I acknowledge I have received a copy of the terms, conditions, and fees associated with using such paycard. This authorization shall remain in effect until CAREERXCHANGE® receives written notice from me terminating my authorization in such time and in such manner as to afford CAREERXCHANGE® and DEPOSITORY a reasonable opportunity to act on it.

Electronic Paystubs. I hereby have been notified that I may retrieve my paystubs electronically over the Internet.

Electronic W-2's. I hereby elect and consent to receive my W-2's electronically over the Internet. At any point in time I decide to receive a paper copy of my W-2 form instead, I will notify CAREERXCHANGE® in writing of such request.

Always verify your funds: It is your responsibility to verify funds deposited to your account prior to using the funds.
CAREERXCHANGE® will not be responsible for overdrafts to your account.

Employee Name (Print Name): _____ Date: _____

Employee Signature Authorizing Payment Method: _____