

Payroll Payment Request

Employee Information

Employee Name: _____ Social Security Number: _____

Street Address: _____ Apartment Number: _____

City: _____ State: _____ Zip: _____ Phone Number: _____

Direct Deposit

 Bank Account Information – Primary AccountAccount Type: Checking Savings

ABA/Routing Number: _____ Account Number: _____

Bank Name: _____ Deposit Amount: _____ or All **Bank Account Information – 2nd Account**Account Type: Checking Savings

ABA/Routing Number: _____ Account Number: _____

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.

 PAYCASH CARD: Paycard Number: _____Routing/Transit number for Global: 073972181 or other _____ Deposit Amount: _____ or All

Telephone: _____ Date of Birth: _____

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. First use of card constitutes agreement to the terms and conditions of the Cardholder Agreement that is provided with your Global Cash Card, as well as to the fees shown on the Global Cash Card website: www.globalcashcard.com or toll free 866-395-9200 or 888-220-4477.

Electronic Paystubs and Electronic W-2's

I hereby have been notified that CAREERXCHANGE® provides Electronic Paystubs and W2's via the internet and can be accessed through our website www.careerexchange.com. If I require special handling (fees may apply) of either of these items, I will contact CAREERXCHANGE® in writing.

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): _____ Date: _____

Employee Signature Authorizing Payment Method: _____