

# Payroll Debit Card Employee Setup Sheet and Authorization

Company Name: \_\_\_\_\_

## Cardholder information:

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth (mm/dd/yyyy) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Primary Phone Number \_\_\_\_\_

Email \_\_\_\_\_

Primary Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

If PO Box is used as the primary address an alternate physical address is also required.

Physical Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

To be effective with Payroll date of: \_\_\_\_\_

**I do hereby authorize the above employer to deposit my payroll check directly into my Payroll Debit Card. I understand this authorization will remain in effect until I provide timely written notice to cancel this service. I also understand that all transactions will be in accordance with the current National Automated Clearing House Association (NACHA) rules and there are fees associated with this type of account. I authorize any overpayments to me to be electronically deducted from my Payroll Debit Card account.**

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

## Payroll Partners use only

Employee ID \_\_\_\_\_ Card Number 4853 - 4004 - \_\_\_\_\_ - \_\_\_\_\_

Input by \_\_\_\_\_ Date \_\_\_\_\_ Verified by \_\_\_\_\_ Date \_\_\_\_\_