




EMPLOYEE DIRECT DEPOSIT AUTHORIZATION

Employee Name:	Effective Date:
Address:	City / State / Zip:
Birth Date:	Last four digits of SSN:
Phone:	Email:

CHOOSE YOUR METHOD OF DIRECT DEPOSIT:

<input type="checkbox"/> I request my payroll deduction / direct deposit be placed in the following account:			
BANK / CREDIT UNION	BANK ABA#	ACCOUNT#	TYPE OF ACCOUNT
	#	#	<input type="checkbox"/> Savings <input type="checkbox"/> Checking
PLEASE PROVIDE A VOIDED CHECK FOR EACH CHECKING ACCOUNT LISTED ABOVE.			

AND / OR:

<input type="checkbox"/> rapid! PayCard Issuance Authorization Form
Financial Institution Name: MetaBank® Routing Number: 124085244 Direct Deposit Account Number: 353 _____ <small>(Card ID on front of envelope)</small> <i>To be assigned and entered by KeyStaff, Inc.</i>
 <p>The rapid! PayCard® Mastercard is issued by MetaBank®, Member FDIC, pursuant to license by Mastercard International Incorporated. Prepaid card can be used wherever Debit Mastercard is accepted. Mastercard is a registered trademark of Mastercard International Incorporated.</p> <p>Important Information for opening a Card account: To help the federal government fight the funding of terrorism and money laundering activities, the USA PATRIOT Act requires all financial institutions and their third parties to obtain, verify, and record information that identifies each person who opens a Card account. What this means for you: When you open a Card account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.</p>

I authorize KeyStaff, Inc. to withhold the indicated amount(s), if available, from my pay, and deposit directly into the account(s) shown and/or I hereby authorize KeyStaff, Inc. to assign a rapid! PayCard and initiate credit entries and any correcting entries to my assigned rapid! PayCard account. The direct deposit(s) will be made on each payday, unless I notify KeyStaff, Inc. in writing of my intent to cancel. Upon KeyStaff, Inc.'s receipt of a request to cancel a direct deposit authorization, it shall become effective after a reasonable opportunity to act upon it.

In the event funds are deposited erroneously into my account, I authorize KeyStaff, Inc. to debit my account(s) not to exceed the original amount of the credit.

I understand that KeyStaff, Inc. reserves the right to refuse any direct deposit request. I also understand that all direct deposits are made through the Automated Clearing House (ACH), and that funds availability is subject to the terms and limitations of the ACH as well as my financial institution.

Note: If sending this form electronically, please type your initials and the last 4 digits of your social security number in the signature field. If sending or faxing a paper copy, please print out and sign your name(s) in the signature box.

Employee Signature: _____

Date: _____