



DIRECT DEPOSIT VISA /DEBIT CASH PAY CARD AUTHORIZATION

(If offered by the work site employer)

Checking or Savings Account Information

I, _____, authorize Howard Leasing to electronically deposit to the accounts below:

Bank Name _____																						
<input type="checkbox"/> Add	<input type="checkbox"/> Change	<input type="checkbox"/> Delete																				
Bank Account Number	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																					
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Amount _____ or % _____ to be deposited:	Account Type	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings																			

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Visa/Cash Pay Debit Card

The Visa Cash Pay Card is a Debit card. If you elect this option you will be set up with a Visa/Cash Pay Debit card that you will receive in about 10 business days. You will receive instructions with the card on how to activate it. Once activated you pay check will be deposited to this card in the increments that you choose below.

Sign me up for a Visa Cash Pay Debit Card

Amount or Percentage of pay to be deposited to Visa/Cash Pay \$ _____ or _____ %

For **Direct Deposit** please attach a voided check, and/or a letter from your financial institution which includes the **ACH routing number** and your account number for all accounts to be set up. **Please allow 10 business days for processing.**

****Reminder:** ACH Routing numbers can not start with a 5.

NOTE: By signing this form you agree to all the conditions and fees imposed by the bank for all above actions.

- Deposits can only be made to checking or savings accounts.
- If I change banks or bank accounts, I am fully responsible for immediately notifying the Payroll Department of the change. I hereby authorize and agree that in the event that Howard Leasing deposits funds erroneously into my account, I authorize Howard Leasing to debit my account for an amount not to exceed the original amount of the erroneous credit, should the funds no longer be available and were not rightfully mine I agree to return the amount of the erroneous deposit in full upon demand.
- I understand that any changes including stopping my direct deposit must be submitted by me in writing at least 72 hours prior to my next check date. Changes may require me to receive a live check for up to 2 pay periods.

Employee's Signature _____
Social Security Number _____

Date _____