




## Direct Deposit Authorization – To be completed by the Employee

This form authorizes Fourth HR ("Fourth") to deduct the net amount of your pay and deposit the funds into the bank that you indicated below. All requests that are being made into a checking account will include a voided check or photocopy of an original check. A letter from your bank or financial institution will be accepted as well. A deposit slip is not valid for checking accounts. All requests that are being made into a savings account will include a voided deposit slip or photocopy of an original deposit slip. Failure to provide these documents will result in non-processing. You can make up to three (3) different deposits for each pay period. Please use additional forms if needed. All checks issued in your name will be allocated according to the information provided below unless otherwise notified.

Client Company \_\_\_\_\_  
Employee Name \_\_\_\_\_  
Social Security # \_\_\_\_\_

### RAPID! Pay Card (Provided Free by Fourth)

Type of Request ☐ New ☐ Change existing ☐ Cancel Existing  
 ☐ Yes! Please issue a Rapid! MasterCard branded pay card and deposit my wages according to allocation below. Fourth will activate the account and set up automatic payments to my card.

Amount or Percentage of Net Pay \_\_\_\_\_ % OR \$

Type of Request ☐ New ☐ Change existing ☐ Cancel Existing  
Account Type ☐ Checking ☐ Savings  
Bank or Financial Institution Name \_\_\_\_\_  
ACH Routing Number \_\_\_\_\_  
ACH Account Number \_\_\_\_\_  
Amount or Percentage of Net Pay \_\_\_\_\_ % OR \$

Type of Request ☐ New ☐ Change existing ☐ Cancel Existing  
Account Type ☐ Checking ☐ Savings  
Bank or Financial Institution Name \_\_\_\_\_  
ACH Routing Number \_\_\_\_\_  
ACH Account Number \_\_\_\_\_  
Amount or Percentage of Net Pay \_\_\_\_\_ % OR \$

**Please attach voided check or deposit slip for savings accounts here.**

(A letter or any other documentation from your financial institution that contains the ABA routing number and account number will also be accepted. Failure to provide documentation will result in non-processing of your request.)

By signing below I am authorizing Fourth to deposit my pay into the bank accounts listed above. I understand that it is my responsibility to notify Fourth or my Worksite Employer of any changes to my bank accounts at least 5 days before my next pay date. I also agree that should the wrong amount be deposited into my bank account at any time for any reason, Fourth has the right to debit the above bank accounts for the erroneous amount. If this amount is not in my bank account at the time of this debit, I agree to pay the erroneous amount to Fourth.



EMPLOYEE SIGNATURE

DATE