



DIRECT DEPOSIT AUTHORIZATION AND CHANGE REQUEST

Employee Name: _____ **Social Security #:** _____

I hereby authorize Kymberly Group Payroll Solutions, Inc. to initiate credit and/or debit entries (if necessary) and adjustments for any credit entries in error to my account. **Deposit entries are to be made to the following checking accounts, savings accounts, or Rapid! PayCard accounts:**

Depository Account #1

Bank Name: _____ Phone Number: _____

City: _____ State: _____ Zip Code: _____

Routing/Transit Number: _____ Account Number: _____

Type of Account (select one): Checking Savings Select One: Activate New Direct Deposit Cancel Existing Direct Deposit

Amount of Paycheck: _____ or Percentage of Paycheck: _____

Depository Account #2

Bank Name: _____ Phone Number: _____

City: _____ State: _____ Zip Code: _____

Routing/Transit Number: _____ Account Number: _____

Type of Account (select one): Checking Savings Activate New Direct Deposit Cancel Existing Direct Deposit

Amount of Paycheck: _____ or Percentage of Paycheck: _____

Please attached a VOIDED CHECK if depositing to a checking account and/or a VOIDED DEPOSIT TICKET if depositing to a savings account.

I would like to request a Rapid! PayCard Visa Payroll Card to use for automatic direct deposit of my pay check.

I do not wish to participate in automatic direct deposit. I wish to receive a live check with each payroll.

This authority is to remain in full force and effect until Kymberly Group Payroll Solutions, Inc. has received written notification from me of its termination within a reasonable time and manner to allow Kymberly Group Payroll Solutions, Inc. to act upon said request. There will be approximately one pay cycle of pre-noting until direct deposit is established. ALL FINAL PAYCHECKS WILL BE ISSUED AS LIVE PHYSICAL CHECKS, NOT DIRECT DEPOSIT.

Employee Signature

Date