

Direct Deposit Authorization Using Prepaid Debit or Cash Card Account

Please note: Direct deposit will initially take three to four weeks to go into effect. Prior to that, a check will be mailed.

New Authorization Change

LEGAL LAST NAME	LEGAL FIRST NAME	EMPLOYEE ID#	
PRIMARY RESIDENCE ADDRESS (STREET NUMBER AND NAME)			
CITY		STATE	ZIP
PRIMARY PHONE NUMBER		E-MAIL ADDRESS (REQUIRED FOR REMITTANCE)	
ROUTING NUMBER			

ATTACH A COPY OF THE FOLLOWING:

1. Debit/Cash Card with your name
2. A Photo ID
3. Financial institution letter listing your name, routing, and account number

I authorize Lifeworks Services, Inc. and the financial institution listed above to deposit my net pay automatically to my account each pay day and to initiate adjustments, if necessary, for any entries made in error to my account. This authorization will remain in effect until I have cancelled it in writing or until I have been voluntarily or involuntarily terminated. Lifeworks reserves the right to charge a service fee to employee if a direct deposit has been rejected by our bank due to a closed account without notification. As required by U.S. law, I certify that the full amount of my direct deposit is not being forwarded to a bank in another country and that if at any point I establish a standing order for my receiving bank to forward the full direct deposit to a bank in another country, I will immediately inform Lifeworks. I understand that it is my responsibility to verify that payment has been credited to my account and I am responsible for any resulting fee I incur from non-sufficient funds or personal finance charges. I certify that the information provided on this form is true and correct.

EMPLOYEE SIGNATURE	DATE (MM/DD/YYYY)
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LEGAL CAPACITY AS		
EMPLOYEE <input type="checkbox"/>	GUARDIAN <input type="checkbox"/>	OTHER LEGAL REPRESENTATIVE <input type="checkbox"/>

OFFICE USE ONLY	
PAYROLL <input type="checkbox"/>	A/P <input type="checkbox"/>