Direct Deposit / Cashpay Card

AUTHORIZATION FOR DIRECT DEPOSIT/CASHPAY CARD

❑ Initial form ❑ Change form

Employee name | Social Security no. | Client name

❑ I ELECT DIRECT DEPOSIT

❑ I understand this may take two to three weeks to commence

I hereby authorize KEY and/or any of its affiliated entities, (hereafter collectively referred to as "KEY") to initiate credit entries and to initiate, if debit entries and adjustments for any incorrect entries to my account at the depository named below. I understand delays may occur in posting to m y account. Such delays may be caused by events beyond the control of KEY, including but not limited to: delays in processing, Federal Reserve System, and/or banking changes (i.e. Routing numbers, etc.). This authority remains in full force until KEY receives written or electronic notification of any changes from me. I acknowledge that for administrative reasons KEY can elect to use this authority or to issue a paper check at KEY's sole discretion. KEY must be afforded reasonable time to process any changes.

Bank name:	❑ Checking ❑ Savings	Amount (if not full):
Account number:		ACH routing number
Bank name (Optional)	❑ Checking ❑ Savings	Amount (if not full):
Account number:		ACH routing number

Employee signature | Date

A voided check or documentation from your financial Institution must be attached for your request to be processed.

❑ I ELECT CASHPAY (This may take two to three weeks to commence)

KeyHR paycard number (Customer ID)	ACH routing number
All other paycard number	ACH routing number

By providing the information requested above and signing below, I hereby elect and consent to receive my wages, including but not limited to off cycle wage payments and wage payments upon discharge, by electronic transfer of wages to a paycard. In addition, to the extent permitted by applicable law, I hereby authorize KEY HR to make all of my deposits and deposit adjustments, including those involving off cycle wage payments and wage payments upon discharge, to my authorize the bank where such funds are deposited to accept such deposits and make such adjustments. I acknowledge I have received a copy of the terms, fees associated with using such paycard. This authorization shall remain in effect until fourteen (14) days after KEY HR from me terminating my authorization.

* First transaction is free after each pay day. This allows you to remove all available funds at no cost.

Employee name:	Social Security no.:	Birthdate:

Street address:	City:	State:	ZIP Code:

Employee signature | Date