

## Authorization for Direct Deposit/Global Cash Card of Payroll

*Direct Deposit is a program in which your pay is automatically deposited into your Global Cash Card and/or Checking/Savings account(s) and is available to you on the morning of payday. Complete the required information below and select an option. Please note that if no option is selected, you will automatically be enrolled in the Global Cash Card program.*

**You can now enjoy the benefits of direct deposit without having to deal with a bank. Sign up for a Global Cash Card today and get immediate access to your funds on the morning of payday. You'll be able to withdraw cash from any Plus® ATM. Everyone is eligible to participate.**

### **Global Cash Card Benefits:**

- Eliminates the costs and time associated with picking up checks on payday or waiting for the check to arrive in the mail.
- No waiting in long lines at the bank.
- Provides immediate access to funds on payday.
- Eliminates the chance of checks being stolen or lost in the mail and having to wait for replacement check.
- Avoids UPS delivery delays.

### **Name:**

First

Middle Int

Last

DOB: mm/dd/yy \_\_\_\_\_

### **Address:**

Street

City

State

Zip Code

Home Phone

Email Address

Employee ID # \_\_\_\_\_

SSN: \_\_\_\_\_

( HT Staffing Rep will fill in)

( HT Staffing Rep will fill in)

Global Cash Card (Account number 6275-3104- 000 - \_\_\_\_\_ )

ABA Routing # 122242597

Bank Name \_\_\_\_\_ Account Type:  Checking  Savings

Transit Routing No. \_\_\_\_\_ (Nine digit bank ID located on bottom left of check)

Bank Account No. \_\_\_\_\_  
(up to 17 characters allowed, including dashes)

Net Pay: \_\_\_\_\_ OR Deposit Amount: \$ \_\_\_\_\_

(Check  if full amount of pay)

(\$ Amount if partial amount of net pay)

*I authorize HT Staffing to initiate credit entries and if necessary, to initiate any actions to reverse or correct an erroneous credit entry to my pay card account at First Regional Bank, for the purpose of automatically depositing funds into my account.*

*I understand that this authorization replaces any previous authorization and will remain in full force and effect until I have filed a new authorization, until revoked by me in writing or upon termination of my employment with HT Staffing.*

\_\_\_\_\_  
**Associate's Signature**

\_\_\_\_\_  
**Date**