



DIRECT DEPOSIT PAYROLL AUTHORIZATION

1. Complete Your Employee Information (Please Print)	
Employee Name:	Social Security Number:
City:	State:
Employer/Client Name:	

2. Primary Account – Make election	2. Additional Account (Optional) – Make election
<input type="checkbox"/> New Primary Account <input type="checkbox"/> Decline Direct Deposit	<input type="checkbox"/> New Second Account <input type="checkbox"/> Decline Second Account
Financial Institution:	Financial Institution:
City, State	City, State
9 Digit Routing Number	9 Digit Routing Number
Account Number	Account Number
\$ or % to be deposited to this account	\$ or % to be deposited to this account
<input type="checkbox"/> Checking Account or <input type="checkbox"/> Savings Account	<input type="checkbox"/> Checking Account or <input type="checkbox"/> Savings Account

And / Or Enroll In Rapid! Payroll Debit Card from MetaBank®	
<input type="checkbox"/> New Payroll Debit Card Account	<input type="checkbox"/> Decline Payroll Debit Card Account Amount \$ or % to be deposited to this account

Routing Number: **124085244**

Customer ID# (Front of Envelope): _____

Direct Deposit Account #: **353** _____

The Rapid! PayCard® MasterCard Card is issued by MetaBank®, Member FDIC, pursuant to a license by MasterCard International Incorporated. Prepaid card can be used wherever Debit MasterCard is accepted. MasterCard is a registered trademark of MasterCard International Incorporated.

Important Information for opening a Card account: To help the federal government fight the funding of terrorism and money laundering activities, the USA PATRIOT Act requires all financial institutions and their third parties to obtain, verify, and record information that identifies each person who opens a Card account. What this means for you: When you open a Card account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

3. Sign, date, attach voided check(s) and return completed authorization form to your payroll contact.
<p>I hereby authorize Congruity HR to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit in error on my account indicated below and the depository named below to credit and/or debit the same to such account.</p> <p>This authority is to remain in full force and effect until CONGRUITY HR has received written notification from me of its termination in such time and such manner as to afford CONGRUITY HR and a depository a reasonable opportunity to act on it. I realize that CONGRUITY HR is not responsible for any deposits that are not in my account by my regular payday. I further realize that depending on my bank, a deposit that CONGRUITY HR has initiated may take up to three to five business days to affect my account.</p> <p>Signature _____ Date _____</p>

Please provide a **VOIDED** check or provide a document from your bank with your banking information.