



### Direct Deposit Payroll Election Form

Name \_\_\_\_\_

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Worksite Employer \_\_\_\_\_

<b>ENROLLMENT TYPE</b>	<input type="checkbox"/> New Enrollment	<input type="checkbox"/> Change Current Enrollment	<input type="checkbox"/> Cancel Enrollment
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Visa Prepay Payroll Card\* (you will receive your personalized Visa payroll card in 7-10 business days)

*\*By checking this box you are choosing to have your pay direct deposited on a Visa payroll card and agree to the following:*

*Consent to payroll card account: I hereby designate MetaBank as my financial institution to accept the direct deposit of my wages from my employer into an account at MetaBank. I choose to receive a payroll card in my name issued by MetaBank for the purpose of accessing my wages from my payroll card. I acknowledge that third parties other than MetaBank may impose fees and charges in connection with the use of the payroll card; however, I understand that I may choose one of several transactions each pay period which are outlined in the Cardholder Terms and Conditions, by which I can withdraw my entire net pay without the payment of a fee. I declare the foregoing to be true and complete to the best of my knowledge. I authorize company to deposit my wages each payday directly into my payroll card account. This authority remains in effect until I have given written notice to BBSI that I want it terminated. If funds to which I am not entitled are deposited into my card account, I authorize BBSI to direct MetaBank to return said funds. I also understand that it is my responsibility to verify deposits prior to any transactions against the card balance.*

Bank Account #1

Deposit \$ \_\_\_\_\_ \* on each pay date to my

Checking

Savings

*\*Enter 'Net' if electing to deposit all net pay into this account*

Bank Name \_\_\_\_\_

Routing # \_\_\_\_\_

Account # \_\_\_\_\_

Bank Account #2

Deposit remaining net (if any) on each pay date to my

Checking

Savings

Bank Name \_\_\_\_\_

Routing # \_\_\_\_\_

Account # \_\_\_\_\_

*I hereby authorize BBSI and the financial institution listed above to initiate entries into the account number listed on this agreement. In the event that the financial institution is notified by BBSI that funds to which the employee is not entitled to have been deposited in error to the above listed account, I authorize the financial institution to return such funds to BBSI.*

*Please note: To ensure prompt and accurate processing of enrollment/change request, forward all employee applications including voided checks (no deposit slip) to BBSI as soon as completed. This agreement may only be terminated by written authorization. Direct deposits will typically be effective within 14 days of receipt of completed form.*

**ATTACH**

**Voided Check OR Bank Printout of ABA Routing and Account Numbers**

**DO NOT USE DEPOSIT SLIP**

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date