

OCPS ACADEMIC CENTER FOR EXCELLENCE – Rosen Preschool

Direct Deposit / Pay Card Authorization Form

Associate Name: _____ **Associate ID Number:** _____
Address: _____ **City:** _____ **State:** _____ **Zip:** _____
Phone: _____ **Email:** _____ **Property:** _____

Elect to Have Your Pay Direct Deposited to Your Bank Account:

Please Attach a Voided Check or Savings Deposit Slip

Only One Agreement per Account

I hereby authorize OCPS Academic Center For Excellence – Rosen Preschool to credit the account listed below for my next payroll. I also authorize the Company to debit my account for any reversals/corrections which may be necessary. This authority is to remain in full force and effect OCPS Academic Center For Excellence – Rosen has received written notification from me of its termination in such time and in such manner as to afford OCPS Academic Center For Excellence – Rosen and the financial institution named below a reasonable opportunity to act on it.

Action to Be Taken: *Must Select Only One Action per Form*

- | | |
|---|--|
| <input type="checkbox"/> Add New Account (Setup Initial Direct Deposit) | <input type="checkbox"/> Add This Account As An Additional Account |
| <input type="checkbox"/> Replace Existing Account With This Account | <input type="checkbox"/> Change Existing Deposit Amount |
| <input type="checkbox"/> Cancel Direct Deposit | <input type="checkbox"/> Split Between Direct Deposit and Pay Card |

Bank/Financial Institution: _____ **Branch:** _____

City: _____ **State:** _____ **Zip:** _____ **Checking Account:** **OR** **Savings Account:**

Account Number: _____ **Transit/ABA Number:** _____

Deposit Entire Check **OR** You can choose to deposit a set amount or percentage to either the bank account or the pay card. Choose where you want your set percentage or amount to go:

Amount or Percentage to be Deposited to Bank Account: _____ *The remaining amount will be deposited to the Pay Card*

Amount or Percentage to be Deposited to Pay Card: _____ *The remaining amount will be deposited to the Bank Account*

Associate Signature: _____ **Date:** _____

OR, Elect to Have All of Your Pay Deposited to a Prepaid Card: (TRANSLATIONS on next page)

I want to receive a Payment Card for my Employer to submit payment to my card account. I understand that this card was provided to me as an option by my Employer and that my Employer has provided me a listing of all fees associated with this card that will be deducted from the card balance.

I hereby authorize my Employer to act as my agent to submit my application for the Payment Card to the issuing Financial Institution of the Payment card, and to the Terms and Conditions governing my use of Payment Card that I will receive at the time I receive my card. I understand that this authorization replaces any previous authorization relating to my employer's payment to me, and unless terminated by my Employer or issuing Financial Institution, this authorization will remain in full force and effect until my Employer has received written notification from me of its termination in such time as to afford it a reasonable opportunity to act, or I have terminated the Payment Card as provided in the Terms and Conditions I received with the card. Upon approval of my application for the Payment Card, I hereby authorize my employer to deposit payments due to me to my Payment Card and perform the following corrective actions related to my payment card: 1. Correct any funding error made by my Employer to which I am not entitled by submitting a correcting debit to my pay card account through ACH or directly to my pay card account; 2. At my request, submit a request for a change in my pay card account status to lost or stolen (or effectuate a change in the associate's account status to lost or stolen); 3. At my request transfer funds to a newly issued card; This Consent does not allow my Employer to access my cardholder activity detail on my Payment Card without my prior consent. The USA PATRIOT Act is a federal law that requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. You will be asked to provide your name, a valid physical U.S. street address, a telephone number, a date of birth, and other information that will allow us to identify you. You may also be asked to provide documentation as proof of identification. I acknowledge and agree that this authorization may be rejected or discontinued by the issuing Financial Institution at any time.

Associate Signature: _____ **Date:** _____