Direct Deposit Enrollment/Change Form

Modification of existing direct deposit

Employer Company Name:

New enrollment

TVEW CHICAMICIA		U	•	currentiation of ext	sting ancer deposit	
Employee Full Legal Name:						
Home Address (no P.O. Boxes):						
Home Phone:			Email address:			
Date of Birth:			Social Security Number:			
You may have your net pay direct ➤ Deposit a specific dollar amou account or pay card, or ➤ Deposit the entire net amount	int or percentage of	your net pa	ay to one bank acco		he remainder to a seco	ond
First account: Check One: Please Use Existing Bank Account			Please Order Pay Card			
Bank Name:			Account type:	Checking	Savings	
9-digit ABA Routing Number:			Account Number	er:		
I wish to deposit	(dollars)	or	or	Entire net pay.		
Second account (optional, for b ➤ Check One: Please Use Ex		t	Please Order F	ay Card		
> Bank Name:			Account type:	Checking	Savings	
> 9-digit ABA Routing Numb	er:		Account Number	er:		
Dequests to add terminate	or modify direct den	ocit must b	o modo in writing	on this form and subm	ittad to my amplyar	

- Requests to add, terminate or modify direct deposit must be made in writing on this form and submitted to my emplyer ("Employer") at least one week prior to the effective pay date. We cannot guarantee that changes received after that time will be processed on the current payroll.
- ➤ Please attach a VOIDED check to the completed form. If unavailable, please carefully review and verify the written account information above. It is the employee's responsibility to provide correct bank account information. Neither Employer nor its agent will assume any liability for errors resulting from incorrect or illegible account information
- ➤ If you choose the Pay Card option, Employer will order your card from Intuit. You should receive your card at your home address within 7 10 business days. You are responsible for ensuring that Employer has your correct address and should notify us if you have not received your Pay Card by four business days before the next scheduled pay day, so we can issue a paper check for that pay date. Please keep a copy of the attached disclosures for future reference.
- You will not receive a paper pay stub. Instead, you will have access to your pay information and W-2's at https://workforce.intuit.com/app/payroll-employee-portal-ui/ius/sign-in. You will receive an email with instructions from Intuit Workforce. You are responsible for our login information and Employer cannot provide or reset your login.

Employee Agreement and Signature

Authorization Agreement: I hereby authorize (Employer) and its service provider, to credit any salary or wages owed to me, less any mandatory or authorized withholding or deductions therefrom, by initiating credit entries to a NetSpend Pay Card, which is a prepaid debit card, or the bank account(s) specified above. In the event that Employer loads funds erroneously to my NetSpend Pay Card(s) or bank account(s), I authorize Employer to debit my card(s) or bank account(s) for an amount not to exceed the original amount of the erroneous credit. This authorization is to remain in force and effect until Employer has received written notice from me of its termination and has a reasonable opportunity to act on it. Further, I agree that neither Employer nor its agent are liable for any loss or delay of funds due to incorrect deposit information provided by myself or my financial institution, or due to error on the part of my financial institution in depositing my funds. If I have requested a NetSpend Pay Card, I also agree that I have reviewed and understand the NetSpend Pay Card Cardholder Agreement and the related Fee Schedule.

Signature Date signed

Cancellation of existing direct deposit