

# FIRST FINANCIAL

EMPLOYEE LEASING, INC.

Direct Deposit/Paycard

Authorization

### Employee Information

Employee Name: _____
Employer: _____
Social Security Number: _____

### Please Check One:

New/Replace existing account on file
Add to existing account on file
Cancel/Stop

### Complete for DIRECT DEPOSIT

<u>Account 1</u>		<u>Account 2</u>	
Bank Name: _____		Bank Name: _____	
Routing Number: _____		Routing Number: _____	
Account Number: _____		Account Number: _____	
Checking	Savings	Checking	Savings
Entire Net Pay		Entire Net Pay	
Percentage of Net Pay _____ %		Percentage of Net Pay _____ %	
Specific Dollar Amount \$ _____		Specific Dollar Amount \$ _____	

*Please attach a voided check or deposit slip for verification of bank data*

### Complete for RAPID PAYCARD

I authorize First Financial Employee Leasing, Inc. to deposit my wages on to my Rapid PayCard. I agree to the terms and conditions of the Rapid PayCard Program including the monthly service/transaction fees.

I wish to deposit (select one):

Entire Net Pay                      Percentage of Net Pay \_\_\_\_\_ %                      Specific Dollar Amount \$ \_\_\_\_\_

Please print the address where the Rapid PayCard should be mailed:

Street Address \_\_\_\_\_ Apt # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_

### Employee Authorization

I hereby authorize First Financial Employee Leasing, Inc. to deposit my earnings directly into my checking and/or savings account(s) as indicated above and agree that such credit to these accounts constitutes payment and receipt by me. First Financial Employee Leasing, Inc. reserves the right to recall funds sent in error and to interrupt or discontinue direct deposits and issue live checks to any and all employees at any time for any reason. I am always responsible for verifying that funds have been credited into the proper account and are available prior to writing checks or otherwise withdrawing funds from this account. I am aware that this authority will remain in full effect until First Financial Employee Leasing, Inc. receives thirty (30) days prior written notification from me of change or termination.

**Employee Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

By signing above, I am agreeing that I am either the accountholder or have the authority of the accountholder to authorize First Financial Employee Leasing, Inc. to make direct deposits into the above account(s).

### FFEL USE ONLY

Received by: _____	Processed by: _____
Date: _____	Date: _____