



Direct Deposit Election Form and Payroll Card Authorization Form

Phone: 361.852.6392 or 800.824.8367

Fax: 361.852.6586 or 866.606.7780

Client Name : _____

Employee Name: _____ SSN: _____

Please check one of the following:

☐ Add an account

☐ Change an account

☐ Delete an account

Account #1

Account type: ☐ Checking (**Attach voided check**)

☐ Savings

Bank Name: _____

Routing Number: _____ Account Number: _____

Requested amount for this account: (select one)

☐ Entire Balance

☐ % of Net Pay: _____%

☐ Specific Amount: \$ _____

Please attach a voided check to ensure account number accuracy

*** Employee must be account holder on accounts listed above ***

Account #2

Account type: ☐ Checking (**Attach voided check**)

☐ Savings

Bank Name: _____

Routing Number: _____ Account Number: _____

Requested amount for this account: (select one)

☐ Entire Balance

☐ % of Net Pay: _____%

☐ Specific Amount: \$ _____

Please attach a voided check to ensure account number accuracy

*** Employee must be account holder on accounts listed above ***

Payroll Debit Card

☐ I would like to receive my wages on a payroll debit card.

Requested amount for this account: (select one)

☐ Entire Balance

☐ % of Net Pay: _____%

☐ Specific Amount: \$ _____

*** A payroll debit card, instructions, and fee schedule will be sent to your place of employment. ***

I hereby authorize UniqueHR to initiate credit entries (deposits) and/or to initiate, if necessary, debit entries (withdrawals) and/or initiate adjustments for any credit entries made in error to my account(s). I understand that any new direct deposit or change to my direct deposit will be processed approximately one week from UniqueHR's receipt of this form. I am aware my final check may be processed as a hard copy check and not direct deposited.

Employee Signature: _____ Date Signed : _____