

EMPLOYEE DIRECT DEPOSIT AUTHORIZATION 2Work LLC

Employee Name:	Social Security Number:	
Street Address: (no PO Box):	Birth Date:	
City/State/ Zip:	Effective Date:	
Email:	Cell#:	Cell Provider:


CHOOSE YOUR METHOD OF DIRECT DEPOSIT:

I request my payroll deduction / direct deposit be placed in the following account(s):

BANK / CREDIT UNION	BANK ABA#	ACCOUNT#	DEDUCTION AMOUNT / NET PAY	TYPE OF ACCOUNT
	#	#	\$ _____ OR <input type="checkbox"/> 100%	<input type="checkbox"/> Savings <input type="checkbox"/> Checking
	#	#	\$ _____ OR <input type="checkbox"/> 100%	<input type="checkbox"/> Savings <input type="checkbox"/> Checking
	#	#	\$ _____ OR <input type="checkbox"/> 100%	<input type="checkbox"/> Savings <input type="checkbox"/> Checking

****Please include on page 2 a copy of a voided check for each account listed above. If savings account, include Bank Card, Account Sheet or Bank Letter. Direct deposit slips will not work for these purposes. ****

And/or

rapid! PayCard Issuance Authorization Form		
	<input type="checkbox"/> Direct Deposit Type of Account: rapid! PayCard (checking) Financial Institution Name: Stillwater National Bank and Trust Company	DEDUCTION AMOUNT / NET PAY \$ _____ OR <input type="checkbox"/> 100%
	CUSTOMER ID: _____ CARD ID: _____ DDA #: _____ To Be Assigned by rapid! Financial Services, LLC and entered by NETWORKERS FUNDING, LLC.	
	Routing Number: 031101169	

I authorize NETWORKERS FUNDING to withhold the indicated amount(s), if available, from my pay, and deposit directly into the account(s) and/or assign a rapid! PayCard. The direct deposit(s) will be made on each payday, unless I notify NETWORKERS FUNDING in writing of my intent to cancel. Upon NETWORKERS FUNDING receipt of a request to cancel a direct deposit authorization, it shall become effective after a reasonable opportunity to act upon it.

In the event funds are deposited erroneously into my account and/or rapid! PayCard account, I authorize NETWORKERS FUNDING to debit my account(s) not to exceed the original amount of the credit.

I understand that NETWORKERS FUNDING reserves the right to refuse any direct deposit request. I also understand that all direct deposits are made through the automated clearing house (ACH), and that funds availability is subject to the terms and limitations of the ACH as well as my financial institution.

I certify that I am authorized to enter into this agreement as the account holder.

Note: *If sending this form electronically, please type your initials and the last 4 letters of your social security number in the signature field. If sending or faxing a paper copy, please print out and sign your name(s) in the signature box.*

Employee Signature: _____ Date: _____