Facility Name: _____

(Input Facility Name)

Employee Name _____

Employee Social Security # _____

Payment Method *(Choose one)* Direct Deposit ☐ Check* ☐

*By signing below I give _____(facility) permission to mail my check or check stub to the current mailing address listed on file for me if I have not picked up my check or check stub within 10 days of payday. I understand it is my responsibility to make sure the facility always has my most current mailing address on file. In the event my check or check stub is mailed to the wrong address due to not having my most current address, the facility will not be at fault.

Should a check or check stub be lost or misplaced, it can take up to two weeks to get a new check reissued or a check stub reprinted and there may be a fee for a replacement check or replacement check stub.

Traditional Direct Deposit will automatically deposit your payroll on your scheduled pay date to your bank account with no associated fees.

Bank Name _____

Bank Address _____

_____

Bank Telephone Number _____

Bank Routing Number _____

Employee's Bank Account # _____

Type of Account Checking ☐ Savings ☐

*Your request for direct deposit will not be processed without a voided check, preprinted deposit slip, or letter from your bank including the routing transit number and your account number attached to this form.
**It is your responsibility to notify the corporate office if this account is closed. Failure to do so will result in a delay of pay until the next pay period.

_____ _____

Employee Signature **Date**

Option to be **set up by Employee**: Daily Pay. Daily Pay has the ability to transfer your earned payroll instantly for $3.49 or $0 in 1-3 business days to an available debit card or bank account. This means you can access your earned pay before pay day. You may also have access to the Friday Visa Debit Card to have your payroll transferred to this card with no fees. Please see attached flyer.