

This form will help you enroll in direct deposit with a new or additional employer.

I request that my employer direct deposit my pay. I hereby authorize my employer to initiate credit entries for my net pay to my Money Network Card, issued by MetaBank. If funds to which I am not entitled are deposited to my Card, I authorize a corresponding debit to my Card and return of such funds. This authority is to remain in effect until my employer or MetaBank has received written notification from me of its termination in such time and such manner as to afford my employer and MetaBank a reasonable opportunity to act on it or until MetaBank cancels my Card. I acknowledge that the origination of entries to my Card must comply with the provisions of U.S. law.

Signature _____

Employee ID Number _____

Date _____

- ☐ 100% of paycheck
- ☐ other % of paycheck _____%
- ☐ set amount \$_____

ALL DATA MUST BE COMPLETED

First Name: _____

Last Name: _____

Street Address: _____

City, State, Zip: _____

Social Security Number _____ - _____ - _____

Date of Birth: (month) ____ (day) ____ (year) ____

ABA Routing Transit Number: 073972181

****** Card Account #: _____

Account type: Checking

Privileged and confidential information is contained in this document. Do not copy or deliver this information to anyone other than your employer.

Payroll Department: Setting up this direct deposit does not require pre-noting. If you have any questions about this direct deposit enrollment please call 1-866-387-5146.

****** Your Card Checking Account Number is on the Direct Deposit form that comes in your card package. The Card Account Number is not the same number that appears on your prepaid debit card.

If you cannot locate the Card Account Number, call Customer Service at 1-866-387-5146 for assistance.

Follow the instructions and return to your employer