

Electronic Payment Request



Employee Information Employee Name: _____ Social Security No: _____
Company Name: _____

Direct Deposit

Bank Account Information - Account 1:

Account Type: Checking Savings Amount/Percent: \$ _____ or _____ % or All

Routing Number: _____ Account Number: _____

Bank Account Information - Account 2:

Account Type: Checking Savings Amount/Percent: \$ _____ or _____ % or All

Routing Number: _____ Account Number: _____

Bank Account Information - Account 3:

Account Type: Checking Savings Amount/Percent: \$ _____ or _____ % or All

Routing Number: _____ Account Number: _____

Additional Information for Direct Deposit:

- It is your responsibility to notify Payroll of any changes to / closure of your bank account. Failure to notify Payroll may delay issuance of checks.
- **For each account, you must provide a voided check drawn from the account (no deposit slips) or a letter from the bank on official letterhead verifying the routing and account #. Failure to provide may cause delay in processing.**

By providing the information requested above and signing below, I hereby elect and consent to receive my wages via direct deposit. In addition, I hereby authorize YourSource HR LLC on its own behalf and on behalf of its direct and indirect subsidiaries and affiliates to make (electronically or otherwise) all deposits and deposit adjustments involving my pay, including those involving off cycle pay and pay upon discharge, to the account(s) identified above, and I authorize the bank(s) listed above to accept such deposits and make such adjustments. These authorizations will remain in effect until YourSource HR LLC receives written notice from me terminating my authorization.

Paycard

Paycard Information:

Routing Number: 073972181

Deposit Amount/Percent: \$ _____ or _____ % or All

Paycard Number: _____ *(to be entered by manager)*

By providing the information requested above and signing below, I hereby elect and consent to receive my wages, including but not limited to off cycle wage payments and wage payments upon discharge, by electronic transfer of wages to a paycard. In addition, to the extent permitted by applicable law, I hereby authorize YourSource HR LLC to make all of my deposits and deposit adjustments, including those involving off cycle wage payments and wage payments upon discharge, to my paycard, and I authorize the bank where such funds are deposited to accept such deposits and make such adjustments. I acknowledge I have received a copy of the terms, conditions, and fees associated with using such paycard. This authorization shall remain in effect until fourteen (14) days after YourSource HR LLC receives written notice from me terminating my authorization.

Please choose one of the following options:

- | | |
|---------------------------------------------------------------------------|------------------------------------------------------------------|
| <input type="checkbox"/> This is a new direct deposit request | <input type="checkbox"/> This replaces my current direct deposit |
| <input type="checkbox"/> This is in addition to my current direct deposit | <input type="checkbox"/> This cancels my current direct deposit |

Employee Signature: _____ Date: _____

Fax/Email Completed Form To: 248-853-5168 or payroll@ymghr.com