

Direct Deposit or Paycard Authorization Form:

New Change Cancel

Employee Information

Employee Name: _____ SSN: _____

Date of Birth (MM/DD/YYYY): _____ Cell Number (optional): _____ ***For text messaging notifications

Pay Stub Delivery Method: Web Mail Office Email Address: _____

***For Web delivery you must enter a valid Email Address

Direct Deposit

You must have NET Direct Deposit to be eligible for Fixed Amount Direct Deposit

Bank Account Information:

Account Type: Checking Savings

ABA/Routing # _____

Account # _____

Bank Name: _____

Deposit Amount: _____ or ALL

Bank Account Information – Account 2:

Checking Savings

ABA/Routing # _____

Account # _____

Bank Name: _____

Deposit Amount: _____ or ALL

Additional Information for Direct Deposit:

- Depending on your bank’s processes, pay should be automatically deposited into your account(s) within 2 pay periods
- It is your responsibility to notify Manpower of any changes to or the closure of your bank account. Failure to notify Manpower 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 ABA and account number. Incomplete or inaccurate information will not be processed.
- In the event my bank is not able to deposit into my account, Manpower cannot issue the funds to me until said funds are returned by my bank. If my bank rejects a payment due to an invalid account number, payment via paper check will not be issued until Manpower receives the returned funds from my bank. This process usually takes three to five business days.

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 Manpower to make all of my 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 Manpower receives written notice from me terminating my authorization.

Paycard

Paycard Information:

Deposit Amount: _____ or ALL

By providing the information requested above and signing below, I hereby elect and consent to receive my wages via paycard.

I acknowledge I have received a copy of the terms, conditions, and fees associated with using such paycard. In addition, I hereby authorize Manpower to make all of my deposits and deposit adjustments involving my pay, including those involving off cycle pay and pay upon discharge, to my paycard, and I authorize the bank to accept such deposits and make such adjustments. This authorization shall remain in effect until Manpower receives written notice from me terminating my authorization.

Employee Name (Print): _____ Date: _____

Employee Signature Authorizing Payment Method: _____