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Payroll Payment Request

Employee Information Employee Name: _____ Social Security Number: _____
Client/Company Name: _____
New Applicant: _____ Change Current Information: _____ Cancel Direct Deposit: _____

☐ **Direct Deposit**

Bank Account Information

Account Type: ☐ Checking ☐ Savings
ABA/Routing #: _____ Account #: _____
Bank Name: _____ Deposit Amount: _____ or ☐ All

Bank Account Information - Account 2:

Account Type: ☐ 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.
- Direct deposit: **cannot** be split between direct deposit and live check; if direct deposit, all must go into an account (can be split between accounts).
- 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 ABA and account #. Incomplete or inaccurate information will not be processed.**

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 KRUSE & ASSOCIATES, INC OR KRUSE PEO, INC 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. I also authorize KRUSE & ASSOCIATES, INC OR KRUSE PEO, INC, at its election, to pay any off cycle wage payments and wage payments due to me upon discharge by means of electronic transfer of funds to a paycard, and I acknowledge that a copy of the terms, conditions, and fees associated with using such paycard are available at my workplace and upon request made to my manager. These authorizations will remain in effect until KRUSE & ASSOCIATES, INC OR KRUSE PEO, INC receives written notice from me terminating my authorization.

☐ **Paycard**

Paycard Information:

Paycard Number: _____ Routing Number: _____
Bank Name/Card Name: _____

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 KRUSE & ASSOCIATES, INC OR KRUSE PEO, INC 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 KRUSE & ASSOCIATES, INC OR KRUSE PEO, INC receives written notice from me terminating my authorization.

Alternatively, if you would prefer to receive wages via check, please contact your Payroll Department

Employee Name (Print Name): _____ **Date:** _____

Employee Signature Authorizing Payment Method: _____