



Employee Name:	Company:
Street Address:	Birth Date:
City / State / Zip:	Social Security Number:
Phone:	E-Mail:
Effective Date:	

CHOOSE YOUR METHOD OF DIRECT DEPOSIT:

I request my payroll deduction / direct deposit be placed in the following account(s):

Bank / Credit Union	Bank Routing #	Account #	Deduction Amount/Net Pay	Type of Account
			\$ _____ OR <input type="checkbox"/> 100% OR <input type="checkbox"/> Balance	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
			\$ _____ OR <input type="checkbox"/> 100% OR <input type="checkbox"/> Balance	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
			\$ _____ OR <input type="checkbox"/> 100% OR <input type="checkbox"/> Balance	<input type="checkbox"/> Checking <input type="checkbox"/> Savings

PLEASE PROVIDE A VOIDED CHECK FOR EACH CHECKING ACCOUNT LISTED ABOVE.

AND / OR:

rapid!PayCard Issuance Authorization form		
rapid! Paycard	<input type="checkbox"/> Direct Deposit Type of Account: rapid! PayCard (checking) Financial Institution Name: The Bancorp Bank, Wilmington, Delaware	Deduction Amount / Net Pay \$ _____ OR <input type="checkbox"/> 100% OR <input type="checkbox"/> Balance
	Customer ID: _____ (To be entered by ExpertCare / SERPEO when card is issued.)	
	DDA #: 933 _____ (To be assigned by rapid! Financial Services, LLC and entered by ExpertCare / SERPEO.)	
	Routing Number: 031101169	

I authorize ExpertCare / SERPEO to withhold the indicated amount(s), if available, from my pay and deposit directly into the account (s) shown and/or I hereby authorize ExpertCare / SERPEO to assign a rapid! PayCard and initiate credit entries and any correcting entries to my assigned rapid! PayCard account. The direct deposit (s) will be made on each payday, unless I notify EXPERTCARE / SERPEO in writing of my intent to cancel. Upon ExpertCare / SERPEO's receipt of a request to cancel a direct deposit authorization, it shall become effective after a reasonable opportunity to act upon it.

In the event funds are deposited erroneously into my account, I authorize ExpertCare / SERPEO to debit my account (s) not to exceed the original amount of the credit.

I understand that ExpertCare / SERPEO reserves the right to refuse any direct deposit request. I also understand that all direct deposits are made through the automated clearing house (ACH), and that funds availability is subject to the terms and limitations of the ACH as well as my financial institution.

NOTE: *If sending the form electronically, please type your initials and the last 4 letters of your social security number in the signature field. If sending or faxing a paper copy, please print out and sign your name (s) in the signature box.*

Employee Signature: _____ Date: _____



Electronic Paystub Disclosure Form

This is an acknowledgement that you will not receive a paper copy of your pay history. All information normally available to you on a pay stub will now be available on-line. By providing us with your e-mail address, you will be able to register at the link below.

My e-mail address is: _____

The web address for this access is: <https://seree.prismhr.com/ser/cmd/login>

If you did not list an e-mail address above, we will contact you with your login id and a temporary password. Your password should be changed on your first log-in.

By signing this form, I agree to the following terms:

- I will no longer receive a paper pay history or "pay stub"
- I can obtain all information normally contained on a pay stub at the website listed above
- It is my responsibility to log-in weekly to view and verify weekly payroll information
- I can print, or save the information using a personal electronic storage method from the website
- W-2 information may be available at this site

Signed: _____

Date: _____