



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

**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
			\$ _____ OR <input type="checkbox"/> 100% OR <input type="checkbox"/> Balance	<input type="checkbox"/> Checking <input type="checkbox"/> Savings

AND / OR:

Rapid!PayCard Issuance Authorization form			
<b>Rapid! Paycard</b>	<input type="checkbox"/> Direct Deposit	Type of Account: Rapid! PayCard (checking)	<b>Deduction Amount / Net Pay</b>  \$ _____  OR <input type="checkbox"/> 100% OR <input type="checkbox"/> Balance
	Financial Institution Name: Metabank, N.A., Sioux Falls, South Dakota		
	Customer ID: _____ (To be entered by ExpertCare/VCG when card is issued.)		
	DDA #: 353 _____ (To be assigned by Rapid! Financial Services, LLC and entered by ExpertCare/VCG.)		
Routing Number: 124085244			

I authorize ExpertCare to initiate automatic deposits into the bank account(s) specified above. I certify that the above listed account number accurately reflects my intended receiving account(s). In the event that ExpertCare deposits funds erroneously into my account, I authorize ExpertCare to debit my account for an amount not to exceed the original amount of the erroneous credit.

Further, I agree not to hold ExpertCare responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account. This agreement will remain in effect until ExpertCare receives a written notice of cancellation from me or my financial institution, or until a new direct deposit form is received.

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 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://sree.prismhr.com/ser/cmd/login>

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

- I will register an account with Prism HR to access ExpertCare’s employee web portal
- I acknowledge that my paystub(s) will be provided in electronic form via my employee web portal
- 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

\_\_\_\_\_  
Employee’s Signature

\_\_\_\_\_  
Date