



DIRECT DEPOSIT PARTICIPATION

Authorization Agreement for Direct Deposit (ACH Credits)

I wish to receive my pay on Global Cash Card or the direct deposit program UNITEMP offers. I understand that my paycheck will be deposited into a checking, savings, money market, holiday, pay card, or vacation club that I designate.

I understand that it is my responsibility to advise UNITEMP immediately if any of the information provided changes.

I hereby authorize UNITEMP to instruct the ACH Clearing Bank to automatically deposit my paycheck as outlined below. **I have attached my voided check or deposit slip** for each account I request funds deposited to.

The authorization is to remain in full force and until UNITEMP Temporary Personnel has received **written notification** from me of its termination in such time and in such manner as to afford UNITEMP and the depository a reasonable opportunity to act on it.

_____ **Authorized Signature** _____ **Date**

Please print your name legibly

OPTION # 1 - DIRECT DEPOSIT INSTRUCTIONS

***Note-Amounts must be expressed in percentage (%)

Name of Banking Facility	Bank ABA Routing Number	Your Account Number	Percent (%)

ATTACH VOIDED CHECK WITH AUTHORIZATION AGREEMENT

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OPTION # 2 - GLOBAL CASH CARD

Cash Card Enrollment / Cancellation Form

Card Number _____ -- _____ -- _____ -- _____

New Replacement Cancel

Global Cash Card – Account Owner Information (Please Print Legibly)			
First	Middle	Last	
Street		Apt #	
City	St	Zip	
Home Phone		Date of Birth	
Cell Phone (Optional)		Email (Optional)	
Social Security Number		Employee ID – Not needed	
Date		Signature	

Branch Information (All fields must be completed by a company representative)	
Form Completed by:	Date:

*****PLEASE ATTACH A COPY OF THE CARD**

Telephone #:

***** FAX COMPLETED FORM TO 201-678-3221 *****

G:forms