Payroll Election Form



✓ Worksite Employer:	Date:
•	:
	Social Security #:
- 1 / 3 =	,
■ New Enrollment	□ Enroll in Direct Deposit to a Visa Payroll Card: You will receive your personalized PaychekPLUS! Elite® Visa® Payroll Card in 7 −10 business days from your Manager or Payroll Administrator. □ Deposit \$ on each pay date (Enter "Net" if electing to deposit all net pay) By checking this box, you are choosing to have your pay direct deposited on a Visa payroll card and agree to the following:
	Consent to Payroll Card Account: I hereby designate MetaBank" as my financial institution to accept the direct deposit of my wages from my employer into an account at MetaBank. I choose to receive a payroll card in my name issued by MetaBank for the purpose of accessing my wages from my Payroll Card account. I acknowledge that third parties other than MetaBank my impose fees and charges in connection with the use of the Payroll Card; however, I understand that I may choose one of several transactions each pay period, which are outlined in the Cardholder lerms and Conditions, by which I can withdraw my entire net pay without the payment of a fee. I declare the forgoing to be true and complete to the best of my knowledge. I authorize Company to deposit my wages each payday directly into my Payroll Card account. This authority remains in effect until I have given written notice by writing to BBSI, Payroll Administrator that I want it terminated. If funds to which I am not entitled are deposited into my Card Account, I authorize BBSI to direct MetaBank to return said funds. I also understand that it is my responsibility to verify deposits prior to any transactions against the Card balance.
	☐ Enroll in Direct Deposit to a Bank Account: Please complete the section above and attach a voided check, or a copy of a voided check, or a printed confirmation of the ABA Transit Routing Number and your Account Number as it should appear in BBSI's payroll database.
	Deposit \$on each pay date to my: (Enter "Net" if electing to deposit all net pay into this account) Name of Financial Institution: ABA Transit Routing Number AND Account Number
	☐ Checking ☐ Savings Account
	Deposit my remaining (if any) net pay to:
	ABA Transit Routing Number AND Account Number Checking Savings Account
Change	Change in Direct Deposit:
Enrollment	For any changes to original enrollment, please check this box and make the changes in the spaces provided above. A voided check, copy of a voided check or a printed confirmation of the ABA Transit Routing Number and your account number must be attached if you change financial institutions.
☐ Cancel	Cancel Direct Deposit Option:
Enrollment	Please indicate effective Date of Cancellation :
If you do not wish to participate in	Direct Deposit please contact your BBSI representative for instructions.
I hereby authorize BBSI and the financial ins listed above to initiate entries into the a number listed on this Agreement. In the eventhe financial institution is notified by BBSI that to which the employee is not entitled to have deposited in error to the above listed acc	account ent that at the state of the state o
authorize the financial institution to return funds to BBSI.	**Direct Deposit into a Bank Account will not be entered without one of the below items. (Not applicable for Visa Payroll Card.)
Please note: To ensure prompt and a processing of enrollment/change request,	ATTACII
all employee applications including a voide (no deposit slips) to BBSI as soon as complet	d check od. This Voided Check OR Bank Printout of Account and ABA Routing Number**
agreement may only be terminated as out the CANCEL DIRECT DEPOSIT option listed Direct Deposits will typically be effective w days from the date this form is received by B	above. ithin 14
If you do not choose one of the direct depo options above, you will automatically rece Visa payroll card.	osit •

Printed Name Signature Date Rev 6-2010