



# Electronic Funds Transfer Authorization

## Employee Information

Employee Name: \_\_\_\_\_ Email: \_\_\_\_\_

Physical Address : \_\_\_\_\_ Street Address 2 (P.O. Box): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

**Paycard**      **Paycard Information:**

Account Number: \_\_\_\_\_

**Direct Deposit**      **Bank Account Information**

Account Type:     Checking       Savings

ABA/Routing #: \_\_\_\_\_ Account #: \_\_\_\_\_

Bank Name: \_\_\_\_\_

### **Additional Information for Direct Deposit:**

- 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 may delay issuance of checks.**

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 Cascade Health Services 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 identified above, and I authorize the bank listed above to accept such deposits and make such adjustments. I also authorize Cascade Health Services, 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 Cascade Health Services receives written notice from me terminating my authorization.

**Electronic Paystubs.** I hereby elect and consent to receive my paystubs electronically over the Internet. In addition, I may access the electronic paystubs by phone, email, fax, abbreviated text message, or by calling customer service directly at Global Cash Card.

**Electronic W-2's.** I hereby elect and consent to receive my W-2's electronically over the Internet. At any point in time I decide to receive a paper copy of my W-2 form instead, I will notify Cascade Health Services in writing of such request.

Employee Name (Print Name): \_\_\_\_\_ Date: \_\_\_\_\_

Employee Signature Authorizing Payment Method: \_\_\_\_\_