



A nonprofit serving people with disabilities

**PLEASE NOTE: DIRECT DEPOSIT WILL INITIALLY TAKE TWO PAY PERIODS TO GO INTO EFFECT - PRIOR TO THAT A CHECK WILL BE MAILED**

**PAYROLL DIRECT DEPOSIT AUTHORIZATION USING DEBIT OR CASH CARD ACCOUNT**

Employee Name : \_\_\_\_\_  New Authorization  
Employee address : \_\_\_\_\_  Change  
Employee City and State : \_\_\_\_\_  
Financial Institution : \_\_\_\_\_  
Routing Number : \_\_\_\_\_  
Account Number: \_\_\_\_\_

**ATTACH A COPY OF THE FOLLOWING:**

- 1. Debit/Cash Card with your name.**
- 2. A Photo ID.**
- 3. Financial institution letter, listing routing and account numbers.**

I authorize Lifeworks Services, Inc. and the financial institution listed above to deposit my net pay automatically to my account each pay day and to initiate adjustments, if necessary, for any entries made in error to my account. This authorization will remain in effect until I have cancelled it in writing or until I have been voluntarily or involuntarily terminated. Lifeworks reserves the right to charge a service fee to employee if a direct deposit has been rejected by our bank due to a closed account without notification. As required by U.S. law, I certify that the full amount of my direct deposit is not being forwarded to a bank in another country and that if at any point I establish a standing order for my receiving bank to forward the full direct deposit to a bank in another country, I will immediately inform Lifeworks. I understand that it is my responsibility to verify that payment has been credited to my account and I am responsible for any resulting fee I incur from non-sufficient funds or personal finance charges. I certify that the information provided on this form is true and correct.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Circle Legal Capacity as: **Employee** **Guardian** **Other Legal Representative**