



DIRECT DEPOSIT AUTHORIZATION FORM

Name:	
Address:	City / State / Zip:
Birth Date:	Social Security Number:
Phone:	Email:

CHOOSE YOUR METHOD OF DIRECT DEPOSIT:

Please check the appropriate box
Note: Reimbursements can only be deposited into one account
 Payroll Reimbursements Both


BANK / CREDIT UNION	Routing #	ACCOUNT #	DEDUCTION AMOUNT / NET PAY	TYPE OF ACCOUNT
1)	#	#	<input type="checkbox"/> \$ _____ or <input type="checkbox"/> Net Amount	<input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Reimbursement
2)	#	#	<input type="checkbox"/> \$ _____ or <input type="checkbox"/> Net Amount	<input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Reimbursement

PLEASE PROVIDE A VOIDED CHECK FOR EACH CHECKING ACCOUNT LISTED ABOVE.

AND / OR:

rapid! PayCard Issuance Authorization Form

Financial Institution Name: MetaBank®	DEDUCTION AMOUNT / NET PAY <input type="checkbox"/> \$ _____ or <input type="checkbox"/> Net Amount
Routing Number: 124085244 Direct Deposit Account Number: 353 _____ <small>(Card ID on front of envelope)</small> <i>To be assigned and entered by AIM SERVICES, INC.</i>	



The rapid! PayCard® Mastercard is issued by MetaBank®, Member FDIC, pursuant to license by Mastercard International Incorporated. Prepaid card can be used wherever Debit Mastercard is accepted. Mastercard is a registered trademark of Mastercard International Incorporated.

Important Information for opening a Card account: To help the federal government fight the funding of terrorism and money laundering activities, the USA PATRIOT Act requires all financial institutions and their third parties to obtain, verify, and record information that identifies each person who opens a Card account. What this means for you: When you open a Card account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

I authorize AIM SERVICES, INC. to withhold the indicated amount(s), if available, from my pay, and deposit directly into the account(s) shown and/or I hereby authorize AIM SERVICES, INC. to assign a rapid! PayCard and initiate credit entries and any correcting entries to my assigned rapid! PayCard account. The direct deposit(s) will be made on each payday, unless I notify AIM SERVICES, INC. in writing of my intent to cancel. Upon AIM SERVICES, INC.'s receipt of a request to cancel a direct deposit authorization, it shall become effective after a reasonable opportunity to act upon it.

In the event funds are deposited erroneously into my account, I authorize AIM SERVICES, INC. to debit my account(s) not to exceed the original amount of the credit. I understand that AIM SERVICES, INC. reserves the right to refuse any direct deposit request. I also understand that all direct deposits are made through the Automated Clearing House (ACH), and that funds availability is subject to the terms and limitations of the ACH as well as my financial institution.

Signature: _____

Date: _____