



Direct Deposit and Payroll Card Authorization Form

Attention: UniqueHR Payroll Department
Phone: 361.852.6392 or 800.824.8367 Fax: 361.852.6586 or 866.606.7780

Company Name: _____

Employee Name: _____ SSN: _____

Please check one of the following:

- ADD DELETE CHANGE

By my signature and as noted below, I hereby authorize UniqueHR to initiate credit entries (deposits) and/or to initiate, if necessary debit entries (withdrawals) and/or initiate adjustments for any credit entries made in error to my account(s).

I understand that any new or changed direct deposit(s) will be processed approximately 1 week from UniqueHR's receipt of this form.

1. Depository Name: _____ Phone #: _____

Depository Address: _____

Checking Savings Amount \$ _____ (If net due write NET) or Percentage: _____%

Transit / ABA Number: _____

Account Number: _____

*****Please attach a voided check to ensure account number accuracy*****

2. Depository Name: _____ Phone #: _____

Depository Address: _____

Checking Savings Amount \$ _____ (If net due write NET) or Percentage: _____%

Transit / ABA Number: _____

Account Number: _____

*****Please attach a voided check to ensure account number accuracy*****

3. Payroll Debit Card

I would like to receive my wages on a payroll debit card.

Amount \$ _____ (If net due write NET) or Percentage: _____%

A card, card instructions, and fee schedule will be sent to your place of employment.

Employee Signature

Date Signed