**Authorization for Payroll Card**

Company Name

Legal Name (First, Middle, Last as it appears on the Social Security Card)

Email Address

Telephone Number

Address

Address 2

City State Zip

Social Security (SSN)

Date of Birth

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Type of ID | ID# | Issued By | Issue Date | Expiration Date |
| Driver’s License/State ID |  |  |  |  |
| Passport |  |  |  |  |
| Armed Forces ID |  |  |  |  |
| Alien Registration |  |  |  |  |

Mother’s Maiden Name (for security purposes)

I hereby authorize the direct deposit of my net pay to my Dollar Bank Payroll Card. Such direct deposit will be made on each succeeding payday, unless I choose to terminate this agreement in writing to my employer. Any such notification to my employer shall become effective following receipt, after a reasonable opportunity to act on it. Your online account number will be provided on the instant issue card that will be given to you by your employer.

Employee Signature Date