
Employee Information

Employee Name: _____

Street Address 1: _____ Address 2 (P.O. Box): _____ City: _____ State: _____ Zip: _____

 Direct Deposit**Bank Account Information**Account Type: Checking Savings

ABA/Routing #: _____ Account #: _____

Bank Name: _____ Deposit Amount: _____ or All

Bank Account Information - Account 2:Account Type: Checking Savings

ABA/Routing #: _____ Account #: _____

Bank Name: _____ Deposit Amount: _____ or All

Bank Account Information - Account 3:Account Type: Checking Savings**Additional Information for Direct Deposit:**

- Typically pay should be automatically deposited into you account(s) within 2 pay periods
- 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 for the account (no deposit slips) or a letter from the bank on official letterhead verifying the ABA and Account#. Incomplete or accurate information will not be processed.

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 AMP United, LLC 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(s) identified above, and I authorize the bank(s) listed above to accept such deposits and make such adjustments. I also authorize AMP United, LLC, at its election, to pay any off-cycle wages 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 AMP United, LLC receives written notice from me terminating my authorization.

 Paycard**Fintwist Mastercard Paycard Information:**Routing Number: 064206594 Account Number: _____ Deposit Amount: _____ or All

By providing the information requested above and signing below, I hereby elect and consent to receive my wages, including but not limited to off cycle wage payments and wage payments upon discharge, by electronic transfer of wages to a paycard. In addition, to the extent permitted by applicable law, I hereby authorize AMP United, LLC to make all of my deposits and deposit adjustments, including those involving off cycle wage payments and wage payments upon discharge, to my paycard, and I authorize the bank where such funds are deposited to accept such deposits and make such adjustments. I acknowledge I have received a copy of the terms, conditions, and fees associated with using such paycard. This authorization shall remain in effect until fourteen (14) day after AMP United receives written notice from me terminating my authorization.

 Electronic Paystubs. I hereby elect and consent to receive my paystubs electronically over the Internet.

Email Address _____

 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 AMP United in writing of such request.

Alternatively, if you would prefer to receive wages via check, please contact your Payroll Department

Employee Name (Print Name): _____ Date: _____

Employee Signature Authorizing Payment Method: _____