



Direct Deposit Authorization Form

Authorize your employer to deposit your payroll directly to your ReadyCash® account and pay NO monthly fee!

It's EASY, just follow these simple steps:

- 1) Ask your Supervisor or Human Resource department for your company's Direct Deposit Authorization Form. (If they don't have one, just give them this completed form).
- 2) Fill out the form with your personal and account information.
- 3) Review all information to make sure it is correct.
- 4) Sign and date the form.
- 5) Completely fill out the Sample Check below.
- 6) Return the Direct Deposit Authorization form and the sample check below to your employer.

**For Assistance With This Form
visit www.readycash.com**

NEW CHANGE Percentage (%) of payroll to deposit to Readycash Evolution Card _____ %

Social Security Number - -

Employee Name (Last, First, Middle Initial)

Address (Street, route, P.O. Box, APO/FPO)

City, State, Zip Code

TELEPHONE: Work (____) _____ - _____ Home (____) _____ - _____

Account Type: **Checking**

Bank Routing Number (ABA #): _____

Bank Name: **META BANK**

Bank Account Number: _____
(See your Personal Home Page for your "Account Number")

COMPANY / PAYOR _____

As of the date below, I authorize the above referenced company / payor, to initiate credit entries and, if necessary, to initiate any actions to reverse or correct an erroneous credit entry to my ReadyCash® card account at META BANK, for the purpose of automatically depositing funds into my account.

I understand that this authorization replaces any previous authorization and will remain in full force and effect until the above referenced company / payor has received written notification from me or my estate of its termination in such time and in such manner as to afford the aforementioned company and META BANK a reasonable opportunity to act on it.

This card is issued by META BANK; Member FDIC and may be subject to load and account balance limits. If a direct deposit transaction from your employer would exceed the load and account balance limits, the transaction will be denied and you will need to obtain your pay from your employer by some other means. See Cardholder Terms and Conditions for details.

This direct deposit feature is subject to employer's support of direct deposit for payroll. Check with your employer to find out when the direct deposit of funds will commence. Funds availability is subject to timing of employer's funding.

Savings from a waiver of the Monthly Account Maintenance Fee will accrue during each statement period in which a direct deposit load is posted to your card account.

Signature

Date

SAMPLE CHECK

Employee:

Please complete name, address, and insert your "Account Number".

Ensure that this check is attached to your Direct Deposit Form.

Name _____
Address _____
Date _____

Pay to the Order of **VOID VOID VOID**
Dollars

Routing (ABA) **987654321** - ● 999 Account Number (includes the 999 prefix) - ● 1001