Direct Deposit / Pay Card Enrollment Form

First Name _____ MI ____ Last Name _____

Address _____ City _____ State ____ Zip _____

Phone No. _____ SSN _____

DOB _____ Email _____

I will work for ◯ Orion ISO ◯ Morning Sun Financial Services ◯ Meridian, Orion, or Zenith

Please email my earning statements to this address Yes ◯ No ◯

I would like direct deposit for my: ◯ Expenses ◯ Payroll ◯ Both

We offer employees the option of having earnings statements emailed to your email account. You will not receive an earnings statement in the mail if you choose to have it emailed. It is your responsibility to inform payroll of any email address changes.

Select an Option Below

Direct Deposit

◯ I must include a copy of a voided check or letter from my bank. If not, my first deposit may not be electronic

Deposit Account 1 ◯ Checking ◯ Savings Dollar Amount _____ or % of pay _____

Bank/Credit Union _____ Routing # _____ Account # _____

Deposit Account 2 ◯ Checking ◯ Savings Dollar Amount _____ or % of pay _____

Bank/Credit Union _____ Routing # _____ Account # _____

The rapid! PayCard issued by Mastercard

◯ Routing # 124085244 Direct Deposit Account Number 353 _____ (Card ID on front of envelope)

% of pay _____ or $ amount _____

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 the company to withhold the indicated amount(s), if available, from my pay, and deposit directly into the account(s) shown and/or I hereby authorize the company 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 the company in writing of my intent to cancel. Upon the company'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 the company to debit my account(s) not to exceed the original amount of the credit. I understand that the company 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.

Paper Check ◯ Please send payment via check to my address

_____ _____

Employee Date