RAPID! PAYCARD© ENROLLMENT FORM

PLEASE READ COMPLETELY. SIGN BEFORE SUBMITTING.



I hereby authorize (hereinafter "the Company"), either directly or through its payroll service provider, to deposit any amounts owed me by initiating credit entries to my account at the financial institution (hereinafter "the Bank") indicated on this form. Further, I authorize the Bank to accept and to credit any credit entries indicated by the Company, either directly or through its payroll service provider, to my account.

In the event that the Company deposits funds erroneously into my account, I authorize the Company, either directly or through its payroll service provider, to debit my account for an amount not to exceed the original amount of the erroneous credit.

This authorization is to remain in full force and effect until the Company has received written notice from me of its termination in such time and in such a manner as to afford the Company and the Bank reasonable opportunity to act on it.

Bank Name: Rapid! PayC	Card ©		
Routing/Transit #:	Account #:		_
Pay Card	I wish to deposit \$	or	Entire Net Amount
New — ADD this account	CHANGE amount to be dep	oosited	CANCEL this account
required to provide your driver's I when activating Pay Card or risk	ust supply your name, address, date icense or other identifying documer		· · · · · · · · · · · · · · · · · · ·
	oon registration. You will receive a l ss is crucial to verify account inforr lelaying payment.		
Employee Name:	SS#:		
Employee Signature:	Date:		

Account Information: