

Direct Deposit Authorization Agreement

Directions: You must complete this ENTIRE form so that your payments can be processed.

Requestor Information			
Name:		SSN:	
Phone:		DOB:	
Email:			
Address:			
Account Information			
Routing Number	Account Number	Type of Account	Submission Reason
		<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Pre-paid card	<input type="checkbox"/> New Account <input type="checkbox"/> Account Change <input type="checkbox"/> Cancellation
Documentation Attached**			
<input type="checkbox"/> Financial institution letter <input type="checkbox"/> Voided check <input type="checkbox"/> Typed form from card company			

****You must attach validating documentation to this form if using your established checking, savings, or pre-paid card account. All documentation must contain your name, account, and routing number typed on the form. Temporary checks, bank statements, and deposit slips are NOT valid documentation.**

I, the undersigned, understand that the primary method of payment is electronic funds transfer (“EFT”). **I understand that failure to timely submit this form and proper documentation to Palco, Inc. will result in a delay of payment.** I authorize Palco, Inc. to initiate automatic deposits to my checking/savings account or prepaid card indicated herein. I authorize Palco, Inc. to initiate debit entries to the account or card indicated below for the purpose of correcting an erroneous deposited amount previously initiated to my account. If the designated account is closed or has an insufficient balance to allow withdrawal, then I authorize Palco, Inc. to withhold any payment owed to me by Palco, Inc. until the erroneous deposited amounts are repaid.

Any changes to my account must be submitted to Palco, Inc. immediately. I agree I will not hold Palco, Inc. responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account. **I understand that it is my responsibility to verify the crediting of funds by my financial institution prior to writing checks or initiating debits against my account,** and I understand that Palco, Inc. is not responsible for any charges I incur from my financial institution as a result of writing checks against my account before funds have been credited to my account.

I understand that deposit slips and temporary checks are unacceptable forms of enrollment for direct deposit and that I must attach the requisite paperwork for my enrollment to be valid. I understand the risks of sharing an account with others, including my employer or worker. **I understand that it may take up to two (2) business days for funds to be credited to my account.** This authorization will remain in full force and effect until Palco, Inc. has received **written** cancellation in such time and in such manner as to afford Palco, Inc. and all appropriate financial institutions a reasonable opportunity to act on it.

Requestor Signature

Date