



## Pay Selection and Direct Deposit Authorization - Vendors

HOW WOULD YOU LIKE TO BE PAID?	
Payment Selection: (please check only one box)	
<input type="checkbox"/> Paper Check	<input type="checkbox"/> Direct Deposit:

Request Type (check one):

- New Account Setup       Change in Existing Account       Cancellation

DIRECT DEPOSIT ACCOUNT INFORMATION		
Account Holder's Full Name		ID or Last 4 of SSN
Financial Institution	Routing Number	Account Number
Type of Account (select one): <input type="checkbox"/> Checking <input type="checkbox"/> Savings		

**REQUIRED.** The following validating documentation is attached:

- Voided check with account holder name printed on the check.  
*Check cannot be a temporary check.*

OR

- Official documentation from financial institution listing account holder name, account, and routing number, this includes letters from banks.

I authorize Palco, Inc. to initiate deposits and debit entries for the purpose of correcting an erroneous deposit to the account indicated herein. In the event Palco is unable to initiate debit entries, I authorize the repayment to Palco from future amounts owed to me. I understand Palco is not 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 initiating debits against my account. I understand the risks of sharing an account with others, including my employer or worker. Palco is not responsible for any charges I incur from my financial institution. Any changes to my account must be submitted to Palco immediately. This authorization will remain in full force and effect until Palco has received written cancellation in such time and in such manner as to afford Palco and all appropriate financial institutions a reasonable opportunity to act on it.

---

**Printed Name**

---

**Signature**

---

**Date**

**Please return this form to Conduent via email, fax or mail. Email: [docprocessing@conduent.com](mailto:docprocessing@conduent.com)**

**Fax: 866-302-6787**

**Mail: PO Box 27460 Albuquerque, NM 87125-7460**