PO Box 13260
Maumelle, AR 72113

Pay Selection and Direct Deposit Authorization Agreement

Instructions: Attendant, complete form. Please return it to Palco by fax: 1-877-859-8757, email: enrollment@palcofirst.com or mail: PO Box 13260, Maumelle, AR 72113.

How would you like to be paid? (**check only one box**)

Option 1: ☐ Money Network Services

Palco will enroll you with Fiserv: Money Network Services. Fiserv will send you a Money Network Card in 1-2 weeks and Palco will begin depositing funds directly onto the card. Activate your card as soon as it arrives. You will receive paper checks during the 1-2 weeks it takes to receive your card.

Option 2: ☐ Direct Deposit

Account Holder's Full Name: _____ ID/Last 4 of SSN: _____

Financial Institution Name: _____

Routing Number: _____ Account Number: _____

Type of Account (check one): ☐ Checking ☐ Savings ☐ Pre-paid card

I have attached the following validating documentation (check one box below, **not both**)

☐ A voided check with account holder's name printed on the check. *Cannot be a temporary check.*

☐ Official documentation from my financial institution listing the account holder's name, account, and routing number. This includes letters from banks and paperwork from pre-paid cards.

Option 3: ☐ Paper Check

Paper checks will be mailed to the attendant's mailing address on file.

By signing below, I, the above-named attendant, understand and confirm that:

- Palco is not responsible for any delay/loss of funds due to incorrect or incomplete information provided to them, nor is Palco responsible for any error my financial institution makes when depositing funds to my account.
- It is my responsibility to verify my financial institution properly credits/debits my account.
- I accept any risks that may be caused by me sharing an account with other individuals.
- Palco is not responsible for any charges I incur from my financial institution.
- I authorize Palco to make deposits and debit entries to correct an erroneous deposit to the account indicated herein. If Palco cannot initiate debit entries, I authorize repayment to Palco from future payments owed to me.
- I will immediately report any changes to the information I provided on this form to Palco.
- I will provide my written cancellation with enough time to afford Palco and all appropriate institutions a reasonable opportunity to act on it, if I choose to cancel this authorization.

Attendant Printed Name: _____

Attendant Signature: _____ **Date:** _____