



CAREER STRATEGIES, INC.
FAX: 1 (818) 558-6697

Electronic Payment Request

Employee Information Employee Name: _____ Employee SSN: _____

Street Address _____

City: _____ State: _____ Zip: _____ DOB: _____

Direct Deposit (Requires a "Void" check submitted to Accounting in order to process.)

Bank Account Information

Account Type: Checking Savings _____ Bank Card

ABA/Routing #: _____ Account #: _____

Bank Name: _____ Deposit Amount: _____ or All

Bank Account Information - Account 2:

Account Type: Checking Savings _____ Bank Card

ABA/Routing #: _____ Account #: _____

Bank Name: _____ Deposit Amount: _____ or All

Global Cash Card Paycard (See detailed literature for more information.)

Paycard Number: _____ Deposit Amount: _____ or All

Additional Information for Electronic Pay:

- Typically pay should be automatically deposited into your account(s) within 3 pay periods. Live checks will be issued until then.
- Funds should be available between Thursday and Friday and may be delayed by one business day in the event of banking holidays.
- It is your responsibility to notify Payroll of any changes to/closure of your bank account.
- You will receive a manual check (live check) instead of direct deposit in cases when your signed timecard does not make the payroll batch in time. Off cycle pay may be available via Paycard.
- **For each direct deposit account, you must provide a voided check drawn from the account (no deposit slips) or a letter from the bank on official letterhead verifying the ABA and account #. Incomplete or inaccurate information will not be processed.**
- Automatic pay deactivates after 16 weeks (4 months) of inactivity. It is your responsibility to notify Payroll if you wish to reactivate.

By providing the information requested above and signing below, I hereby elect and consent to receive my wages, including but not limited to off cycle wage payments and wage payments upon discharge, by electronic transfer of wages to the method selected above. In addition, to the extent permitted by applicable law, I hereby authorize Career Strategies on its own behalf and on behalf of its direct and indirect subsidiaries and affiliates to make (electronically or otherwise) all deposits and deposit adjustments involving my pay, including those involving off cycle pay and pay upon discharge, to the account(s) identified above, and I authorize the bank(s) listed above to accept such deposits and make such adjustments. I also authorize Career Strategies, at its election, to pay any off cycle wage payments and wage payments due to me upon discharge by means of electronic transfer of funds to a paycard, and I acknowledge that a copy of the terms, conditions, and fees associated with using such paycard are available at my workplace and upon request made to my manager. These authorizations will remain in effect until fourteen (14) days after Career Strategies receives written notice from me terminating my authorization.

E-Pay Notification (Optional) Email my weekly pay information to: _____

Employee Name (Print Name): _____ **Date:** _____

Employee Signature Authorizing Payment Method: _____