



Direct Deposit / Payroll Payment Form

Please print clearly

EMPLOYEE INFORMATION:

Employee Name: _____ Branch: _____

Street Address: _____ PO Box: _____

City: _____ State: _____ Zip Code: _____

Paycard (Global Cash Card)

Card Number: _____ Deposit Amount: _____ or All

By providing the information requested above and signing below, I hereby elect and consent to receive my wages, wage statements, and paystubs, including but not limited to off cycle wage payment, expense reimbursement and wage payments upon discharge, by electronic transfer of wages to a paycard. In addition, to the extent permitted by applicable law, I hereby authorize Blue Ribbon Personnel Services to make all of my deposits and deposit adjustments, including those involving off cycle wage payments, expense reimbursements and wage payments upon discharge, to my paycard, and I authorize the bank where such funds are deposited to accept such deposits and make such adjustments. I acknowledge I have received a copy of the terms, conditions, and fees associated with using such paycard. If I have any questions I can call or go to GlobalCashCard.com or contact my Blue Ribbon Branch.

Direct Deposit

Account Type: Checking Savings

Routing #: _____ Account #: _____

Bank Name: _____ Deposit Amount: _____ or All

By providing the information requested above and signing below, I hereby elect and consent to receive my wages via direct deposit. In addition, I hereby authorize Blue Ribbon Personnel Services 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 identified above, and I authorize the bank listed above to accept such deposits and make such adjustments. I also authorize Blue Ribbon Personnel Service, 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.

Employee Signature Authorizing Payment Method:

Signature: _____ Date: _____

If you feel the need to receive wages via check, please discuss with your local Blue Ribbon Branch. These are mailed USPS on Thursday, and should you need a replacement check for lost mail. It will be replaced on the cash card account you have been issued after a reasonable waiting period for returned mail.