

EMPLOYEE DIRECT DEPOSIT AUTHORIZATION FORM

Employees will elect to have their pay electronically deposited to a VISA Pay Card or Direct Deposited into a financial institution. Please choose an Option and complete the account information to designate where you want your pay deposited and a dollar amount or % into each account.

AUTHORIZATION FOR DIRECT DEPOSIT OF PAY

I authorize Big Five Community Services, Inc. (Big Five) and the financial institution(s) listed to electronically deposit my pay to the accounts specified for each payday. **If funds to which I am not entitled are deposited to my account(s), I authorize Big Five to direct the financial institution to debit the account(s) to return said funds.**

I understand that I can change my account(s), financial institution(s), or amount of my pay for each account by filing a new authorization.

Name, PLEASE PRINT	Employee Signature	Date
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VISA Pay Card Option

Mailing Address	City, State, Zip Code	Mother's Maiden Name
Date of Birth	Social Security Number	Phone Number
		ACH Routing/Transit Number 103100195

Direct Deposit Option

Please attach a voided check for EACH account you list or a Bank letter with a reference to your Routing Number and Account Number, no deposit slips please, since they normally do not have the routing number. Establishing a new direct deposit may take more than one pay cycle; therefore, you may receive a paycheck during the transition.

Primary Account		This account will be the depository for the remainder of funds after secondary deposits have been made.	
<input type="checkbox"/> Checking <input type="checkbox"/> Savings	ACH Routing/Transit Number	Account Number	
	Financial Institution		
	City	State	ZIP
Second Account			
\$ amount or %	ACH Routing/Transit Number	Account Number	
<input type="checkbox"/> Checking <input type="checkbox"/> Savings	Financial Institution		
	City	State	ZIP
	Third Account		
\$ amount or %	ACH Routing/Transit Number	Account Number	
<input type="checkbox"/> Checking <input type="checkbox"/> Savings	Financial Institution		
	City	State	ZIP