



Consent for Payroll Debit Card

Authorization Agreement

Employer/Company Information (Required):

Company Name	
Street Address, City, State, Zip	
Telephone:	

I hereby authorize the employer or company described above and its agents to initiate setup and automatic deposits to a payroll debit card. I also authorize the employer or company described above and its agents to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold the employer or company described above and/or its agents responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me.

This agreement will remain in effect until the employer or company described above receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Payroll Department.

Card Holder Information

*All * fields are required for card registration*

*Name: _____
(First Name, Middle Initial and Last Name)

*Residential Address: _____
(Must be Actual Physical Address, We Cannot Accept a PO Box)

Mailing Address: _____
(If Different than Physical Address)

*Social Security Number: _____

*Date of Birth: _____

*Phone Number: _____

Email Address: _____

Signature

Authorizer Name (Print): _____

Authorizer Signature (Sign): _____ Date: _____

Once per payroll cycle, you can visit a local VISA sponsored banks to process funds off your card at no cost to you.

*Additionally, you can find several ATMs in your area that will allow you to withdraw funds from your new payroll debit card at no cost to you.
Please visit <https://allpointnetwork.com/locator.aspx> for specific locations near you.*