



ePayroll Direct Deposit Acceptance Form		
Name: Last, First, Initial		Date of Birth (MM/DD/YYYY):
Address (Mailing):		City:
		State:
Home Phone:	Daytime Phone	Employee ID or SS:
Employer Name and Address		Name of Issuing Financial Institution ("Bank"):

Please choose from the following options:

Direct Deposit – I have a bank account already. Here is the information to set me up.

rapid! PayCard – I would like to register my new rapid! PayCard® Visa® Payroll Card.

Bank Name _____
 Bank Routing Number _____
 Account Number _____
 Checking Savings

Name **rapid! PayCard**
 Routing Number **103101437**
 Customer ID _____
(number in front of envelope)

I authorize OMS GROUP to withhold the indicated amount(s), if available, from my pay, and deposit directly into the account(s) shown and/or I hereby authorize OMS GROUP to assign a rapid! PayCard and initiate credit entries and any correcting entries to my assigned rapid! PayCard account. The direct deposit(s) will be made on each payday, unless I notify OMS GROUP in writing of my intent to cancel. Upon OMS GROUP receipt of a request to cancel a direct deposit authorization, it shall become effective after a reasonable opportunity to act upon it.

In the event funds are deposited erroneously into my account, I authorize OMS GROUP to debit my account(s) not to exceed the original amount of the credit.

I understand that OMS GROUP reserves the right to refuse any direct deposit request. I also understand that all direct deposits are made through the automated clearing house (ACH), and that funds availability is subject to the terms and limitations of the ACH as well as my financial institution.

Note: If sending this form electronically, please type your initials and the last 4 letters of your social security number in the signature field. If sending or faxing a paper copy, please print out and sign your name(s) in the signature box.

I want a paper check mailed to me – I will continue to receive a paper check – I understand that my pay check will be mailed via US Postal Service to my location and will arrive approximately 7 days after the pay date of the check.

For Direct Deposit to a bank account or a rapid! PayCard, please attach a voided check below, sign and date

1044	
_____ 20 _____	
PAY TO THE ORDER OF _____	\$ XXX.XX
_____ DOLLARS	
Anywhere Bank U.S.A	
MEMO _____	
⑆ 22222222 ⑆ 1234569876 ⑆ 1044	

Routing Number Account Number Check Number

 Print Name

 Signature Date