



Direct Deposit/Payroll Debit Card Authorization Form

Employees have the option of receiving wages by Direct Deposit or Payroll Debit Card.

If you do not provide a written payroll election a Payroll Debit Card will be provided.

Employee Name: Eliel Moran Gutierrez

Payroll Election:

- Direct Deposit (Please see Section A)
 Payroll Debit Card (Please see Section B)

Section A: Direct Deposit

Bank Name: The DISTRICT Credit Union

Routing Number: 307074467

Account Number: 0009102726

Account Type: Check Savings: Other:

I understand and acknowledge that if I do not provide a voided check with this direct deposit form, I am responsible for any delays in payroll or extra costs incurred if the account information that I provided is incorrect.

Initial: EM Date: 12-01-22

Section B: Payroll Debit Card

Routing Number:

Account Number:

Initial: _____ Date: _____

I have received my Payroll Debit Card, welcome brochure, program fees, conditions and disclosures. By activating my Payroll Debit Card on my first pay day I am agreeing to the program terms, conditions and disclosures that are included or made available to me from time to time from the financial institution. I authorize CMG to debit my Payroll Debit Card account for the fees described to me in the provided material.

Section C: Additional Accounts

Bank Name: _____

Routing Number: _____

Account Number: _____

Account Type: Check Savings: Other:

I request that the following funds be deposited to the account listed in Section C:

- _____% of my original deposit
 \$ _____ from my original deposit

Initial: _____ Date: _____

I authorize CMG to directly deposit my wages and other payments as necessary into my account(s) as designated above and to initiate, debit entries and adjustments for any credit entries made in error to my account(s).

I have been informed how to gain access to my electronic pay stubs if needed.

Employee Signature: Eliel Moran Gutierrez Date: 12-01-22

Emergency Contact Information

In the event of an emergency CMG will contact the follow contacts Please list two people in order of priority.	
Contact # 1 Name: Relationship:	Home Phone: Cell Phone:
Contact # 2 Name: Relationship:	Home Phone: Cell Phone:

Additional information you would like CMG and our clients to know in the event of an emergency:
