

Pay Selection Options

I choose to receive my pay by (please check either Direct Deposit Or Pay Card below):

Direct Deposit (preferred method)

To verify account information: **Please attach a voided check or bank letter** for checking accounts. For savings account, send a printout from your bank that provides the routing number and account information.

Primary Account 1 Account Type: <input type="checkbox"/> Checking (Include a voided check or bank letter) <input type="checkbox"/> Savings (Include routing & account information letter) <input type="checkbox"/> Flat Dollar Amount <input type="checkbox"/> Percentage	Secondary Account 2 (Mandatory for Flat Dollar Option) Account Type: <input type="checkbox"/> Checking (Include a voided check or bank letter) <input type="checkbox"/> Savings (Include routing & account information letter) <input type="checkbox"/> Flat Dollar Amount <input type="checkbox"/> Percentage
Financial Institution Name	Financial Institution Name
Financial Institution Address	Financial Institution Address
Routing Number	Routing Number
Account Number	Account Number
<input type="checkbox"/> Entire Paycheck <input type="checkbox"/> -OR- _____ % <input type="checkbox"/> -OR- \$ _____ Please note: If an option is not selected, or, the amount does not equal 100%, your selection will default to "Entire Paycheck."	All remaining funds exceeding Primary Account 1 allocations are deposited into this account.

Is your name on the account(s) listed above? ☐ Yes ☐ No

If "no," what is the name of the account holder? _____

If "no," employee agrees to have their funds deposited into this account. _____

Employee Signature

Pay Card: *this method should only be selected if you are unable to obtain a bank account. You will need to activate the card with Money Network and then contact Acumen with your account information. You will not receive payment until these steps are complete.*

AUTHORIZATION FOR DIRECT DEPOSIT or PAY CARD

I hereby authorize my FEA (herein after "Company") to deposit any amount owed to me for wages and/or reimbursements by initiation of credit entries to my account at the financial institution (hereinafter "Bank") handling my choice indicated above. Further, I authorize Bank to accept and credit any credit entries indicated by Company to my account. In the event that Company deposits funds erroneously into my account, I authorize Company to debit my account for an amount not to exceed the original amount of the erroneous credit. This authorization is to remain in full force and effect until Company receives written notice from me of its termination in such time and in such a manner as to afford a reasonable opportunity to act on it.

Print Name

Social Security Number

Date of Birth

Email Address for Paystub Delivery

Signature

Date

Mailing Address for Paycard Delivery (street address, city, state, zip)

Return completed form by email to Wisconsin@acumen2.net, fax 800-687-3121 or mail to PO Box 945, Osceola, WI 54020