



PAY OPTION AUTHORIZATION FORM

EMPLOYEE'S NAME: _____ SSN: _____

I would like to be paid by:

- Direct Deposit PayCard



Please complete the portion below for each selection that you make

DIRECT DEPOSIT

I am applying for:

- New Direct Deposit Change in bank, new account or routing number Termination of Direct Deposit

Please fill out the information below completely in order to have the net amount of your paycheck deposited to your account at the following bank. **Please include a blank voided personal check taped to paper below. Deposit slips cannot be accepted.**

Name of Bank, Credit Union, etc: _____ Phone #: _____

Address: _____ City: _____ State: _____ Zip: _____

| | Bank Routing Number (must be 9 digits) | Account Number (must attach blank voided check) | Amount (one must be ALL) | Type (C= Checking - S = Savings) |
|---|---|--|-----------------------------|-------------------------------------|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |

***** tape here *****

Direct Deposit is a benefit provided by Global Contract Professionals (hereinafter called COMPANY) and by signing below you have voluntarily chosen to receive your wages by direct deposit instead of receiving a COMPANY-generated paycheck on payday. Your paycheck should be deposited and available on each Friday. Due to the nature of the electronic funds transfer process, you may incur delays receiving the funds in certain situations, including but not limited to bank or legal holidays, acts of God, electronic failures and COMPANY or bank errors. You are responsible for contacting your bank to verify that funds were deposited in your account prior to using them. The Direct Deposit payment does however have a one-week delay in processing, which will produce a live paper check for your first payment in which Global will take great care in making sure you receive.

I hereby authorize COMPANY to deposit my net pay in the account as indicated above. Also, in the event there is an overpayment, I authorize COMPANY to either directly withdraw funds from the above bank account or directly withhold any monies from future deposits. Where a payment has been deposited to me in error, I will remit to COMPANY all monies paid by check or money order. I also authorize COMPANY to contact the bank to verify any of the above information. I understand that COMPANY will not be responsible for any overdrafts on my account. I hereby release COMPANY from any liability associated with the availability of funds including but not limited to bank fees, penalties, interest charges or other costs. You may elect to have a Direct Deposit and a Paycard.

I authorize the selection made above and agree to all terms associated with this selection.

 Employee's Signature

 Date Signed



Global Contract Professionals
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COMDATA PAYCARD CONSENT FORM

EMPLOYEE'S NAME: _____ SSN: _____

I am applying for: New PayCard # _____ Reactivation of PayCard # _____ Termination of PayCard

I would like my Permanent PayCard to be sent to:

- Home address (listed below)
- Alternate Address (listed below)

Please indicate the dollar amount that you would like to have deposited onto your PayCard. You may elect to have "ALL" of your earnings credited to your PayCard or a select amount.

AMOUNT: \$ _____ **OR** ALL
 PHONE# _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

******Your Activation Code will be your Date of Birth : MMDDYYYY******

The Comdata MasterCard PayCard (hereinafter called PayCard) is a benefit provided by Global Contract Professionals (hereinafter called COMPANY) and by signing below you have voluntarily chosen to receive your wages by PayCard deposit instead of receiving a COMPANY-generated paycheck on payday. Your PayCard funds will be available on each Friday. Due to the nature of the electronic funds transfer process, you may incur delays receiving the funds in certain situations, including but not limited to bank or legal holidays, acts of God, electronic failures and COMPANY or bank errors. You are responsible for contacting Comdata to verify that funds were deposited in your account prior to using them.

I hereby authorize COMPANY to deposit my net pay in the account as indicated above. Also, in the event there is an overpayment, I authorize COMPANY to either directly withdraw funds from the above Paycard account or directly withhold any monies from future deposits. Where a payment has been deposited to me in error, I will remit to COMPANY all monies paid by check or money order. I also authorize COMPANY to contact Comdata to verify any of the above information. I understand that COMPANY will not be responsible for lost or stolen cards and in the event that my card is lost or stolen, I will contact Comdata directly. I hereby release COMPANY from any liability associated with the availability of funds including but not limited to bank fees, penalties, or other costs. You may elect to have a Paycard and a Direct Deposit. Advance Policy: The first and second advance per assignment does have a service charge of \$1.00. A \$26.00 service charge will be assessed after the third advance per assignment. A \$51.00 service charge will be assessed after the fifth advance per assignment.

By signing below, I consent to receive my wages by electronic transfer to my Comdata MasterCard. I acknowledge, I also understand and agree to the fee schedule that is located within this hire packet that I will incur while using the Comdata MasterCard.

 Employee's Signature

 Date Signed

 Date of Birth

For Payroll Purposes ONLY: Cardholder Ref#