

Bank Direct Deposit Form

Employee Information

Employee Name: _____ D.O.B: _____
Phone #: _____ Additional Phone #: _____
Street Address 1: _____
Street Address 2 (P.O. Box): _____
City: _____ State: _____ Zip Code: _____

Bank Account Information

Account Type: Checking Savings

Routing #: _____ Account #: _____

Bank Name: _____ Deposit Amount: _____ or ALL

Bank Account Information 2

Account Type: Checking Savings

Routing #: _____ Account #: _____

Bank Name: _____ Deposit Amount: _____ or ALL

Additional Information for Direct Deposit:

- Typically pay should be automatically deposited into your account(s) within 2 pay periods.
- It is your responsible to notify Payroll of any changes to/closure of your bank account. Failure to notify Payroll may delay issuance of checks
- **For each account, you must provide a voided check drawn from the account (no deposit slips) or a letter from the bank on official letterhead verifying the routing and account #. Incomplete or inaccurate information will not be processed**

By providing the information requested above and signing below, I hereby elect and consent to receive my wages via direct deposit. In addition, I hereby authorize Circle of Life Anishinaabe Inc./Soaring Eagles Home Care on its own behalf and on behalf of its direct and indirect subsidiaries and affiliates to make (electronically or otherwise) all deposits and deposit adjustments involving my pay, including those involving off cycle pay and pay upon discharge, to the account(s) identified above, and I authorize the bank(s) listed above to accept such deposits and make such adjustments. I also authorize Circle of Life Anishinaabe Inc./Soaring Eagles Home Care, at its election, to pay any off cycle wage payments and wage payments due to me upon discharge by means of electronic transfer of funds to a pay card, and I acknowledge that a copy of the terms, conditions, and fees associated with using such pay card are available at my workplace and upon request made to my manager. These authorizations will remain in effect until Circle of Life Anishinaabe Inc./ Soaring Eagles Home Care receives written notice from me terminating my authorization.

Employee Name (Print Name): _____ Date: _____

Employee Signature Authorizing Payment Method: _____



Global Cash Card

Global Cash Card Enrollment Form

Envelope #: _____

Please attach a copy of Paycard Envelope with Employee Name Printed

(PLEASE PRINT LEGIBLY)

First Name:	Middle Initial:	Last Name:	
Street Address:		Apartment #:	
City:	State:	Zip Code:	
Phone #:		Additional PH #:	
Date of Birth (MM/DD/YYYY):		Social Security Number:	
Employee Signature		Date	

By providing the information requested above and signing below, I hereby elect and consent to receive my wages, including but not limited to off cycle wage payments and wage payments upon discharge, by electronic transfer of wages to a pay card. In addition, to the extent permitted by applicable law, I hereby authorize Circle of Life Anishinaabe Inc./ Soaring Eagles Home Care to make all of my deposits and deposit adjustments, including those involving off cycle wage payments and wage payments upon discharge, to my pay card, and I authorize the bank where such funds are deposited to accept such deposits and make such adjustments. I acknowledge I have received a copy of the terms, conditions, and fees associated with using such pay card. This authorization shall remain in effect until fourteen (14) days after Circle of Life Anishinaabe, Inc./ Soaring Eagles Home Care receives written notice from me terminating my authorization

3/6/2018