



Direct Deposit/CashPay Card

Employee Name: _____ SS#: _____

Initial Form Change Form

Client Name: ULTRA FORCE STAFFING

I ELECT DIRECT DEPOSIT

I understand this may take 2 to 3 weeks to commence.

I hereby authorize CEO and/or any of its affiliated entities, (hereafter collectively referred to as "CEO") to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any incorrect entries to my account at the depository named below. I understand delays may occur in posting the deposit to my account. Such delays may be caused by events beyond the control of CEO, including but not limited to: delays in processing, Federal Reserve System, and/or banking changes (i.e. Routing numbers, etc.)

This authority remains in full force until CEO receives written or electronic notification of any changes from me. I acknowledge that for administrative reasons CEO can elect to use this authority or to issue a paper check at CEO's sole discretion. CEO must be afforded reasonable time to process any changes.

Bank Name: _____ Checking Savings \$ _____ Or Net Check Amount

Account Number:

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 ACH Routing number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Bank Name: _____ Checking Savings \$ _____ Or Net Check Amount

Account Number:

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 ACH Routing number:

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X _____
Employee Signature Date

A voided check or documentation from your financial Institution must be attached for your request to be processed.

I ELECT CASHPAY

This may take 1 to 2 weeks to commence

Paycard Number

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 Deposit Amount \$ _____ Or All

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 paycard. In addition, to the extent permitted by applicable law, I hereby authorize Century Employer Organization, LLC to make all of my deposits and deposit adjustments, including those involving off cycle wage payments and wage payments upon discharge, to my paycard, 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 paycard. This authorization shall remain in effect until fourteen (14) days after Century Employer Organization, LLC receives written notice from me terminating my authorization.

*First Transaction is free after each pay day. This allows you to remove all available funds at no cost.

Employee Name _____
Address _____
City _____ State _____ Zip _____
SS#: _____ Birth Date: _____

X _____
Employee Signature Date