



1531 Pleasant ST, Fall River, 02723-1913 • (508) 673-3979 • FAX (508) 646-2945 • email: careers@able.jobs

### Direct Deposit or Pay Card Authorization/Change

Employee Name: (please print) _____		
Street Address: _____	City/State: _____	
Social Security NO: XXX-XX- _____	DOB: _____	Phone: _____
Pay Stub Delivery: <input type="checkbox"/> email to _____ @ _____ <input type="checkbox"/> Hold for pickup	<input type="checkbox"/> Deliver to my work* <small>*if available</small>	

I authorize my pay to be deposited in the account(s) listed below:

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- To change these instructions in the future, you will have to complete a new authorization/change form.
- You can direct the deposit of your paycheck in up to two different bank accounts.

<b>Bank Account #1</b>		
Percentage deposited:	100%	or other: _____ %
Bank Name: _____	Branch Location: _____	
Account Type:	Checking _____	Saving _____
Account # _____	Routing # _____	

<b>Bank Account #2</b>		
Percentage deposited:	100%	or other: _____ %
Bank Name: _____	Branch Location: _____	
Account Type:	Checking _____	Saving _____
Account # _____	Routing # _____	

I select the Money Network program to receive my pay.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I understand that my funds will be available on payday by Money Network Check or paycard. I understand that there is no application and approval process. There is no monthly charge for the pay card, but, there are transaction fees for certain transaction types if I choose to use them and the low fees are listed in my welcome kit.

I hereby authorize ABLE Associates to initiate credit entries for my net pay to Money Network. If funds to which I am not entitled are deposited to my account, I authorize debits to my account and return of such funds. This authority is to remain in effect until ABLE Associates or Money Network a reasonable opportunity to act on it or until ABLE Associates or Money Network cancels the agreement.