



# Electronic Pay Authorization Form

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For more information visit: [cardinal-services.com/epay/](http://cardinal-services.com/epay/)  
*Incomplete forms cannot be processed.*

## EMPLOYEE INFORMATION

Employee Name: \_\_\_\_\_

SSN (Last 4): \_\_\_\_\_

## PAYSTUB NOTIFICATION

*Select your PayStub notification method as Email*

EMAIL

Email: \_\_\_\_\_

## AUTHORIZATION

I authorize Cardinal Services, Inc./Cardinal Employer's Organization/Preferred Employer Solutions, and the financial institution(s) I list below to initiate electronic credit entries and, if necessary, debit entries and adjustments for any credit entries, which were incorrectly funded by any person or for any processing activities by said banking institutions. This authorization will remain in effect until written notice of cancellation.

*By signing this form I acknowledge that if selecting the PayCard option I will read the information supplied with the card so that I am aware of any fees associated with it's use.*

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

Date: \_\_\_\_\_

Attach a VOIDED CHECK or a print out from the bank that lists the routing number as well as the account number for each account listed.

*Deposit slips are not acceptable.*

## ACCOUNT #1

Reason for Account Change? \_\_\_\_\_

New Account \_\_\_\_\_

Change Account \_\_\_\_\_

Type of Account: \_\_\_\_\_

Checking \_\_\_\_\_

Savings \_\_\_\_\_

Account Number: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Bank Name: \_\_\_\_\_

City, State: \_\_\_\_\_

Flat \$ or % of Check to Deposit: \_\_\_\_\_

## ACCOUNT #2

Reason for Account Change? \_\_\_\_\_

New Account \_\_\_\_\_

Change Account \_\_\_\_\_

Type of Account: \_\_\_\_\_

Checking \_\_\_\_\_

Savings \_\_\_\_\_

Account Number: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Bank Name: \_\_\_\_\_

City, State: \_\_\_\_\_

Flat \$ or % of Check to Deposit: \_\_\_\_\_

## PAYCARD ACCOUNT

*Fee information is supplied when the PayCard is issued.*

Type of Account: \_\_\_\_\_

PayCard \_\_\_\_\_

Physical Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

*Minors requires Parental Consent for PayCards:*

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_