



Electronic Pay Authorization Form

Fax: (888) 338.0377 | Email: paysuite@cardinal-services.com
For more information visit: 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: _____

Proof of Account

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.

Multiple Accounts

If you choose to add additional accounts you will need to complete a second form. You may have up to four accounts set up.

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: _____