



Initial Form Change Form

Employee Name	Social Security #	Client Name
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I ELECT DIRECT DEPOSIT

I understand this may take two to three weeks to commence

I hereby authorize Lightsource HR and/or any of its affiliated entities, (hereafter collectively referred to as "Lightsource") to initiate credit entries and to initiate, if debit entries and adjustments for any incorrect entries to my account at the depository named below. I understand delays may occur in posting to my account. Such delays may be caused by events beyond the control of Lightsource, 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 Lightsource receives written or electronic notification of any changes from me. I acknowledge that for administrative reasons Lightsource can elect to use this authority or to issue a paper check at Lightsource's sole discretion. Lightsource must be afforded reasonable time to process any changes.

Bank Name	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	Amount (if not full)
Account Number	ACH Routing Number	
Bank 2 Name (Optional)	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	Amount (if not full)
Account Number	ACH Routing Number	
<p>_____ Signature</p> <p>_____ Date</p>		

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

I ELECT PAY CARD (this may take two to three weeks to commence)

Paycard Number (customer ID)	ACH Routing Number
Paycard 2 Number	ACH Routing Number

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 Lightsource HR to make all of my deposits and deposit adjustments, including those involving off cycle wage payments and wage payments upon discharge, to 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, fees associated with using such paycard. This authorization shall remain in effect until fourteen (14) days after Lightsource HR 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	Social Security #	Birthdate		
Street Address	City	County	State	ZIP Code
<p>_____ Signature</p> <p>_____ Title</p> <p>_____ Date</p>				