



**PAY SELECTION AGREEMENT**

**ISS offers three pay receipt options.  
You may choose paycard, check or personal direct deposit.**

Pay cards are available to every employee and are a convenient way to access your pay and ensure that your pay will be available each payday morning without being at work to pick up a paper check. To take advantage of the safety, dependability and convenience of pay cards, check the paycard option below and sign the authorization statement.

**Pay Card Option**

\_\_\_\_\_ I choose to have my pay deposited directly to my paycard. My Money Network pay card and information kit will be given to me by my manager. My net pay will be deposited onto the pay card each payday.

**Check**

\_\_\_\_\_ I would like an actual check generated. (Please circle one) **Mail or Pick-up**

**Direct Deposit Option**

\_\_\_\_\_ I choose to have my paycheck deposited directly into my checking/savings account. I have attached either a voided check or a photocopy of a check and signed the authorization statement.

<b>Bank Name</b>	<b>ABA/Routing #</b>	<b>Account #</b>	<b>Chkg./Svgs.</b>

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I recognize, acknowledge and accept that this service is being provided for my convenience. As such, I agree to hold the company, Innovative Staffing Solutions, Inc. (ISS), each participating bank and NACHA harmless from any claim incident to the operation of this plan, arising from any act or omission by the company and/or ISS, and their employees, including without limitation any claim based on alleged loss as a result of the rejection of any of his debits, because of insufficient funds arising from failure to credit deposits to my account.

I hereby authorize and request ISS to deposit any amount owed to me for wages by initiation of credit entries to my account at the financial institution (hereinafter "Bank") handling my choice indicated above. Further, I authorize Bank to accept and credit any credit entries indicated by ISS to my account. In the event that ISS deposits funds erroneously into my account. I authorize ISS to debit my account for an amount not to exceed the original amount of the erroneous credit. This authorization is to remain in full force and effect until ISS receives written notice from me of its termination in such time and in such a manner as to afford a reasonable opportunity to act on it.

WE will not process the direct deposit option without the following:

- For each checking account, you must attach a copy of a **voided check** as proof of the routing and account numbers for each account.
- For each savings account, you must attach a **printed statement** from the bank stating the correct routing and account numbers for each account.

The first paycheck following receipt of this form will usually be processed as a live check so that we may pre-note the account. Each subsequent paycheck will be direct deposited.

3/10/2008

\_\_\_\_\_  
**Employee Signature**

\_\_\_\_\_  
Date

Name:

\_\_\_\_\_

Address:

\_\_\_\_\_

Social Security Number:

\_\_\_\_\_

**Birth Date**

\_\_\_\_\_

Telephone Number:

\_\_\_\_\_

Fax:

\_\_\_\_\_

ALWAYS CHECK YOUR PAY STUB OR YOUR ACCOUNT TO VERIFY THAT YOUR DEPOSIT HAS POSTED.

+++++For Payroll Use Only+++++

Paycard ABA # 084003997 Paycard # \_\_\_\_\_