



## SELECT YOUR DIRECT DEPOSIT OPTION

**BANK ACCOUNT**

or

**SOLE VISA PAYCARD**

(fields marked with an \* are required no matter which option you choose)

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

\*Address: \_\_\_\_\_

\*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip Code: \_\_\_\_\_

\*Phone: \_\_\_\_\_ (cell or landline) \*Date of Birth \_\_\_\_\_

\*Email address: \_\_\_\_\_ \*Soc. Sec.# \_\_\_\_\_

**If you choose Direct Deposit to your BANK ACCOUNT, we also need the following:**

Financial Institution: \_\_\_\_\_

Transit/ABA Number: \_\_\_\_\_  
(nine-digit number on the last printed line at the bottom of the check)

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

**(voided check or bank form must be attached)**

Checking

Savings

I hereby authorized PacWest Solutions to initiate credit entries to my checking account, and I authorize the financial institution named above to process said credit entries.

Credit Frequency: \_\_\_\_\_ Set Percentages \_\_\_\_\_ Set Amount \_\_\_\_\_

This authority is to remain in full force effect until PacWest Solutions has received written notification from me of ACH termination in such a manner as to afford PacWest Solutions and the financial institution a reasonable opportunity to act on it.

\*Signature: \_\_\_\_\_ \* Date: \_\_\_\_\_