



PAYROLL CARD DIRECT DEPOSIT AGREEMENT

PLEASE COMPLETE THIS FORM AND RETURN IT TO HELPMATES PAYROLL DEPARTMENT.

BRANCH OFFICE SUBMITTING	_____
ABA ROUTING NUMBER	122242597
PAYCARD ACCOUNT NUMBER	_____
CARDHOLDER NAME	_____
SOCIAL SECURITY NUMBER	____ - ____ - ____
DATE OF BIRTH	___ / ___ / ___
ADDRESS	_____

ABA ROUTING NUMBER

122242597

PAYCARD ACCOUNT NUMBER

____ - ____ - ____ - ____
(ENTER YOUR CARD NUMBER HERE)

**FIRST CITIZENS BANK & TRUST
1801 CENTURY PARK EAST #800
LOS ANGELES, CA 90067**

FOR CUSTOMER SERVICE
PLEASE DIAL 1-866-395-9200

I AUTHORIZE HELPMATES TO INITIATE CREDIT ENTRIES AND, IF NECESSARY, TO INITIATE ANY ACTIONS TO REVERSE OR CORRECT AN ERRONEOUS CREDIT ENTRY TO MY PAY CARD ACCOUNT AT FIRST CITIZENS BANK, FOR THE PURPOSE OF AUTOMATICALLY DEPOSITING FUNDS INTO MY ACCOUNT.

I UNDERSTAND THAT THIS AUTHORIZATION REPLACES ANY PREVIOUS AUTHORIZATION AND WILL REMAIN IN FULL FORCE AND EFFECT UNTIL HELPMATES HAS RECEIVED WRITTEN NOTIFICATION FROM ME OF ITS TERMINATION IN SUCH TIME AND IN SUCH MANNER AS TO AFFORD HELPMATES AND FIRST CITIZENS BANK A REASONABLE OPPORTUNITY TO ACT ON IT.

SIGNATURE _____

DATE ___ / ___ / ___