PALCO

DIRECT DEPOSIT AUTHORIZATION AGREEMENT

I hereby authorize Palco, Inc. to initiate automatic deposits to my checking/savings account or prepaid card indicated below. I also authorize Palco, Inc. to initiate debit entries to the account or card indicated below for the purpose of correcting an erroneous credit previously initiated to my account. Any changes to my account must be submitted to Palco, Inc. immediately. I agree I will not hold Palco, Inc. responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account. I understand that it is my responsibility to verify the crediting of funds by my financial institution prior to writing checks or initiating debits against my account, and I understand that Palco, Inc. is not responsible for any charges I incur from my financial institution as a result of writing checks against my account before funds have been credited to my account.

Employee Name (*please print*) _____ **Social Security #** _____ **Telephone #** ( )

Employer Name _____ **Provider #** _____

ACCOUNT INFORMATION

Reason for authorization: *(CHECK ONE)* ☐ New Account ☐ Change of Account ☐ Cancellation

What type of account is this? *(CHECK ONE)*

☐ **Checking account…….** (Attach a voided check or a letter from the bank. The name on the voided check or letter must match your name. *Temporary checks are unacceptable.*)

☐ **Savings account……** (Attach a letter from the bank. The name on the letter must match your name. Your routing and account numbers must be printed on the letter.)

☐ **Prepaid card…..** (Attach the letter that came with the prepaid card. Your name, routing number, & account number must be printed on the letter.)

Print your routing number & account number below and attach the appropriate documentation. (If you do not know your routing & account numbers, please ask your bank for assistance.) *If you are cancelling a prior agreement, you do not need to attach documentation.*

Routing Number _____ **Account Number** _____

☐ *By checking this box, I am requesting an EFT stub to be mailed to me for each direct deposit to my account.*

SIGNATURE

I understand that deposit slips and temporary checks are unacceptable forms of enrollment for direct deposit and that I must attach the requisite paperwork for my enrollment to be valid. I understand that it may take up to two (2) business days for funds to be credited to my account. I understand that I will be charged $5.00 if I exceed two (2) Direct Deposit Authorization Agreements within a one-year period. This authorization will remain in full force and effect until Palco, Inc. has received **written** notification from me of its termination in such time and in such manner as to afford Palco, Inc. and all appropriate financial institutions a reasonable opportunity to act on it.

Signature _____ **Date *(month/day/year)*** _____

FAX TO:
501-821-0045
(No cover sheet needed)

MAIL TO:
P.O. BOX 24930
Little Rock, AR 72223

Questions? Please call: 1-866-710-0456