



PAYMENT AUTHORIZATION – DIRECT DEPOSIT* OR LIVE CHECK

*Via Bank Account or Prepaid Payroll Card

INITIATION/CHANGE/CANCELLATION

What is Direct Deposit?

Direct Deposit allows you to have your paycheck deposited directly into your bank account or prepaid payroll card. You may indicate how you would like your checks to be deposited (e.g., savings, checking). Payroll is issued on Friday for the preceding week. In general, checks not direct deposited will be mailed from our corporate office on Thursday.

Timing of Direct Deposit

While the timing of Direct Deposit for your bank or payroll card provider may vary, funds are generally available by your regular pay date. Holiday weeks may vary and may cause a delay to your normal fund availability. Please remember it is illegal to anticipate funds. ITAC Solutions is not responsible for non-sufficient fund fees.

Changing or Closing Bank Accounts

Before you close/change your bank account or payroll card, contact the Payroll Department to receive our Authorization for Direct Deposit form to stop your Direct Deposit from going to the old account. Once your Direct Deposit has been cancelled, you will receive a “live” check. **Important:** Changes or cancellations to your Direct Deposit elections can be made no more frequently than thirty (30) days from the set-up of the account.

Opting out of Direct Deposit

Should you decline the opportunity to participate in our Direct Deposit program, you will receive a “live” check. You will have the option to either pick up your paycheck weekly at the ITAC office in Vestavia Hills, Alabama or you may elect to have your check mailed, via regular US Mail. However, if you elect to pick up your check in the office, you may not designate anyone else to pick up your paycheck. In other words, you must pick up your check. **All checks not picked up between 10:00 a.m. and 5:00 p.m. each Friday will be mailed, via regular US Mail. We strongly recommend direct deposit whenever possible.** ITAC Solutions is not responsible for checks lost via U.S. mail or otherwise. **Fees to stop and reissue payment will be the responsibility of the external employee.** Fees begin at \$30.00 per instance and will be deducted from the employee’s paycheck

_____ I choose to receive a live check, per conditions above.
_____ Mail to address on file _____ Pick up at Vestavia office per above
_____ I choose direct deposit per attached documents

Employee Signature

Date

Please contact your Recruiter or email timesheet@itacsolutions.com with any questions regarding this plan.



AUTHORIZATION FOR DIRECT DEPOSIT

Last Name

First Name

Middle Initial

Social Security Number

I authorize ITAC Solutions and the Financial Institution below to initiate/change Direct Deposit of my payroll check into the account listed below. I understand that by signing below, my employer is authorized to credit entries and initiate, if necessary, debit adjustments for any credit entries in error to my (our) account listed below. The authority is to remain in full force until ITAC Solutions has received written notification from me (us) of its termination in such timely manner as to afford my employer and financial institution a reasonable opportunity to act on it.

I understand neither ITAC Solutions nor its payroll services provider is responsible for non-sufficient funds (NSF) fees/related bank fees due to anticipated funds.

Signature

Date

Bank Account Instructions:

- Write down account number; indicate if checking or savings then indicate options for direct deposit.
- Obtain Transit/ABA number from your bank.
- Checking accounts only: attach a voided check (not a deposit slip). Bank-originated proof of savings accounts must be provided (include account number and routing information).
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Payroll Card enrollment instructions:

- Indicate "new paycard" in Bank field, indicate amount/percentage
- Complete Enrollment form on the following page
- If you have any questions, please contact the Payroll Department at 205.326.0004.

Bank/Credit Union	State	Type Circle One	Amount Percentage Circle One	Account Number
		Clg Sav		
		Clg Sav		
		Clg Sav		

Please Check One:

<input type="checkbox"/>	New or Additional Direct Deposit		
<input type="checkbox"/>	Change the Bank or Account Number on an Existing Direct Deposit	Account Number to be replaced:	
<input type="checkbox"/>	Change the Amount of an Existing Direct Deposit	Amount was:	Amount changed to:
<input type="checkbox"/>	Other, Please Explain:		

It is my responsibility to verify deposits on a per pay period basis before writing checks against these funds. This Authorization can take up to three pay periods to activate. I understand that neither ITAC Solutions nor Payroll & Benefits Solutions, LLC is responsible for bank errors or fees.

Signature

Date



You May Elect to Have Your Pay Deposited to a Prepaid Card:

If you do not have or wish to provide checking account info, you may receive your pay on a Prepaid Payment Card. Please ask your recruiter or email timesheet@itacsolutions.com for additional information about the payment card.

Payment Card Order Form

Name _____

Mailing Address _____

City _____ State _____ Zip _____

Social Security Number _____ Date of Birth _____

Phone _____

YES. I want to receive a Payment Card for my employer to submit payment to the card account. I understand that this card was provided to me as an option by my employer and that there are fees for account maintenance and card use that will be deducted from the card balance. I hereby authorize my employer to deposit payments due to me to my Payment Card. If funds or monies to which I am not entitled are deposited to the Payment Card I hereby authorize my employer to initiate a correcting debit to my Payment Card to withdraw funds to correct the error or overpayment. I hereby authorize my employer to act as my agent to submit my application for the Payment Card to the issuing Financial Institution of the Payment card, and to the Terms and Conditions governing my use of Payment Card that I will receive at the time I receive my card. I understand that this authorization replaces any previous authorization relating to my employer's payment to me, and unless terminated by my employer or issuing Financial Institution, this authorization will remain in full force and effect until my employer has received written notification from me of its termination in such time as to afford it a reasonable opportunity to act, or I have terminated the Payment Card as provided in the Terms and Conditions I received with the card. **The USA PATRIOT Act** is a federal law that requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. You will be asked to provide your name, a valid physical U.S. street address, a telephone number, a date of birth, and other information that will allow us to identify you. You may also be asked to provide documentation as proof of identification. I acknowledge and agree that this authorization may be rejected or discontinued by the issuing Financial Institution at any time.

Employee Signature _____ Date _____