



Office Management | Information Technology | Healthcare Solutions

PAY SELECTION AGREEMENT

**Dunson & Associates offers two payment options.
You may choose either a paycard or direct deposit.**

Paycard Option

_____ I choose to have my pay deposited on a paycard that will be mailed to the address on file.

Direct Deposit Option

_____ I choose to have my paycheck deposited directly into my **checking/savings** account. **I have attached a voided check, check photocopy, deposit slip, or other form of bank account documentation and have signed the authorization statement below.**

- 1. Bank Name _____ City _____ State _____
- 2. Bank Phone Number _____
- 3. ACH Routing Number _____
- 4. Account Number _____
- 5. Account Type: Checking _____ Savings _____

I hereby authorize Dunson & Associates (herein after "Company") to deposit to my account any amount owed to me for wages by initiation of credit entries at the financial institution (hereinafter "Bank") handling my choice indicated above. Further, I authorize Bank to accept and credit to my account any credit entries initiated by Company. In the event that Company erroneously deposits funds into my account, I authorize Company 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 Company 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.

Employee Signature _____ Date _____

Employee Name _____

Employee Address _____

City _____ State _____ Zip Code _____

Social Security Number _____ Birth Date ____ / ____ / ____

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