

Customer ID # _____
Submitted by _____
Date _____

Check Here for
 Money Network Service®

Sterling Personnel Authorization Agreement Employee Direct Deposit ACH

I hereby authorize Sterling Personnel and HighPoint Administrative Services, hereinafter called the Company, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any debit entries in error to my checking, savings, or Money Network Service account indicated below/attached and the depository named below/attached, hereinafter called Depository, to credit and/or debit the same to such account.

Bank Information (Please Print)

Bank Name**	Routing #	Account #	Account Type	Amount/ %

****For Money Network Service, please complete Employee Pay Selection Record****
****For multiple accounts, please utilize the following fields:**

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Check Stub Options: Print Stub Only Email Stub Only*

* Email Address (to receive pay stubs) : _____

This authority is to remain in full force and in effect until Company has received written notification from me of its termination in such time and in such manner as to afford Company and Depository a reasonable opportunity to act on it. **You are responsible for contacting our office to terminate your direct deposit or inactivate your Money Network Service account with Bank of America after your employment has ended.**

Employee Information (Please Print)

Employee Name			
Social Security #			
Client Company Name			
Employee Signature		Date	

(Must be a signatory on account)

To ensure an expedient process for Direct Deposit (DD), please call your bank and verify the information given on this form.

**WE MUST HAVE A VOIDED CHECK ACCOMPANY THIS FORM.
 A COPY OF A CHECK IS NOT ACCEPTABLE.**

A PRE-NOTE WILL TAKE PLACE FOR 7-10 BUSINESS DAYS ON EVERY DIRECT DEPOSIT SETUP. ACTIVATION MAY TAKE UP TO TWO WEEKS.

Employee Pay Selection Record

_____ (“**Employer**”) offers three options to receive your pay, Direct Deposit, the Money Network® Service, or an Employer-Issued Check. Please review these options and make your selection below.

Option 1: DIRECT DEPOSIT Employer will pay all of my net pay as selected below (“**Direct Deposit**”) into the account (the “**Account**”) at the financial institution with the routing and account numbers and account type (collectively, “**Account Information**”) I have provided separately to Employer according to Employer’s procedure.

Option 2: MONEY NETWORK SERVICE Employer will pay all of my net pay as selected below using the Money Network Service (the “**Service**”) and I may use either of the following options:

Money Network™ Check. The Money Network Check (“**Check**”) is a paycheck that I can easily complete on or after each payday morning wherever I am, eliminating the need to pick up my paycheck, wait for it to be mailed, or pay for it to be cashed. The Check can be deposited into my personal bank account or cashed for free at Money Network check-cashing partners.

Money Network Payroll Debit Card. The Money Network Payroll Debit Card (“**Card**”) provides a dependable, safe, optional, and convenient way to receive and access my pay on and after each payday morning with the following features: (i) eliminates the need to pick up my paycheck, wait for it to be mailed, or pay for it to be cashed; (ii) immediate, worldwide access wherever the Card is accepted for ATM cash withdrawals, bank-branch withdrawals, and store purchases (including “cash back”); (iii) money transfers to a personal or joint checking account; and (iv) free balance inquiries by phone or online. There is no monthly service charge for the Card as long as I am employed by Employer. Many Card transactions are free (and I need never incur a fee to access 100% of my wages, to the penny, using the Service), but there are fees for other transactions. The Terms and Conditions, fee schedule, and other disclosures related to the Service are included in the Service’s Welcome Packet. Once I have consented to those terms and contracted for the Service by activating my Service account by following the instructions in the Welcome Packet, I may begin to use the Service.

Option 3: EMPLOYER-ISSUED CHECK On payday, Employer will make a paycheck available to me at my place of business or Employer’s office if I work in the field. I understand that I must pick up my check in person and that I may be required to present identification.

I HEREBY ELECT TO HAVE MY PAY DISTRIBUTED AS INDICATED:

(REQUIRED: MAKE ONE CHOICE BY CHECKING THE A, B, OR C BOX AND WRITING YOUR INITIALS ABOVE YOUR SELECTION BELOW)

A <input type="checkbox"/> _____ Initials	OR	B <input type="checkbox"/> _____ Initials	OR	C <input type="checkbox"/> _____ Initials
DIRECT DEPOSIT		MONEY NETWORK SERVICE		EMPLOYER-ISSUED CHECK

I authorize Employer to pay me by Direct Deposit, the Service, or Employer-Issued Check, according to the selection I checked and initialed above. In case of payment of funds to which I am not entitled, I authorize Employer to initiate correcting withdrawals. Unless I am already paid by Direct Deposit, I acknowledge that, in order to choose Direct Deposit or Employer-Issued Check, I must submit a fully completed Employee Pay Selection Record (“**PSR**”). If I chose Direct Deposit, I must also submit Account Information (defined above). The PSR and Account Information (if applicable) must be submitted to Employer within three (3) business days (thirty (30) days in Michigan) of receiving notice to do so. **If I fail to satisfy these requirements to be paid by Direct Deposit or Employer-Issued Check, I agree that I will be paid using the Service. However, I understand that I can change my pay selection at any time** in the future by submitting a new PSR and Account Information (if applicable) according to Employer’s procedure (subject to the time it takes Employer to implement the change). My election will remain in effect unless Employer and/or Program Manager cancels this arrangement. To help the government fight the funding of terrorism and money laundering activities, Federal law requires financial institutions to verify and record identity information before opening an account such as the account provided when you enroll in the Service. To permit this identification so that my pay to be placed in such an account, I authorize Employer to share my name, address, date of birth, Social Security Number, identification documents, and related personal information with Money Network and the issuing bank.

			EMPLOYER USE ONLY
Signature*	Printed Name*	Date*	Employee ID Number

* Required