

**EMPLOYEE AUTHORIZATION FORM  
FOR  
DIRECT DEPOSIT OF WAGES TO AN INTUIT PAY CARD**

Authorization Agreement for Direct Deposit of Wages to an Intuit Pay Card (a prepaid debit card)

Employee Full Name: \_\_\_\_\_  
(First Name) (Middle Initial) (Last Name)

Home Address (P.O. Box Not Accepted): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email (optional): \_\_\_\_\_

Social Security Number: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Birth (mm/dd/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_

Percentage of Pay or Dollar Amount to be deposited on the Intuit Pay Card each pay period: \_\_\_\_\_  
(If left blank, 100% of your pay (less withholding) will be deposited on the card.)

**Authorization Agreement:** I hereby authorize \_\_\_\_\_ ("Employer"), either directly or through its payroll service provider, to credit any salary or wages owed to me, less any mandatory or authorized withholding or deductions therefrom, by initiating credit entries to an Intuit Pay Card, which is a prepaid debit card. In the event that Employer loads funds erroneously to my Intuit Pay Card, I authorize Employer to debit my card for an amount not to exceed the original amount of the erroneous credit. This authorization is to remain in force and effect until Employer has received written notice from me of its termination and has a reasonable opportunity to act on it. I also agree that I have reviewed and understand the Intuit Pay Card Cardholder Agreement and the related Fee Schedule.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Printed Name: \_\_\_\_\_