

Payroll Payment Request

Please complete this form to notify INVO how to process your wages. Form **must** be submitted at least two business days prior to processing day.

Employee Name: _____ Employee SSN: _____

Direct Deposit

Employee Authorization and Acknowledgement of All Terms

- **For any returned direct deposit due to invalid information provided, a \$25.00 fee will be charged to the employee.** To avoid this charge, include a voided check or letter from your bank with your correct bank account number and ABA routing number when submitting this form. This additional information is not required for processing.
- It takes at least one pay cycle for new direct deposits or changes to take effect.
- Should you change your banking branch, institution or account numbers, please notify your payroll department at least ten (10) days in advance so there is adequate time for change to take place.
- Errors or omissions on this form or any failure to notify INVO PEO of changes in a timely manner may result in delay of your payroll funds being deposited. INVO PEO will not reissue any unsuccessful direct deposit until the original transaction is returned to INVO PEO by the originating bank. This process may take up to 5 days. INVO PEO is not responsible for these delays and will not reimburse any fees the employee may incur as a result of outdated or inaccurate information provided by employee.

I agree to these terms and authorize INVO to direct deposit my payroll check to the checking and/or savings account(s) listed below. In the event that funds are deposited into my account(s) in error, I authorize INVO PEO to debit my account to correct the error.

Account Type (C)hecking (S)avings	ABA Routing Number (9 Digit Number)	Account Number	Bank Name	For multiple accounts, specify the percentage or dollar amount to be deposited in each
<input type="radio"/> C or <input type="radio"/> S				
<input type="radio"/> C or <input type="radio"/> S				
<input type="radio"/> C or <input type="radio"/> S				

Brinks Paycard

Account Number: _____

Routing Number: _____

By providing the information requested above and signing below, I hereby elect and consent to receive my wages, including but not limited to off cycle wage payments and wage payments upon discharge, by electronic transfer of wages to a paycard. In addition, to the extent permitted by applicable law, I hereby authorize INVO PEO to make all of my deposits and deposit adjustments, including those involving off cycle wage payments and wage payments upon discharge, to my paycard, and I authorize the bank where such funds are deposited to accept such deposits and make such adjustments. I acknowledge I have received a copy of the terms, conditions, and fees associated with using such paycard. This authorization shall remain in effect until fourteen (14) days after INVO PEO receives written notice from me terminating my authorization.

Alternatively, if you would prefer to receive wages via check, please contact your supervisor.

Employee Signature _____ Date _____