UniBancard™ Prepaid Debit MasterCard® Authorization Agreement for Automatic Deposits (Credits and Debits)

I authorize (employer/company) _____to deposit the amount specified below directly into my Card account(s) listed below and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account.

Card:
Amount: $ _____ or _____ % of net pay

|__|__|__|__|__|__|__|__|__|
Routing Number

|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|
16 Digit Card Number

Employer will provide me with a pay stub, which will include the amount deposited to my card account(s) and date of the transfer deposit. This authority is to remain in full force and effect until Employer has received written notification from me of its termination in such time and in such manner as to afford Employer a reasonable opportunity to act on it. Employee understands that there may be certain fees associated with transactions on the card. Employee should read and review the card agreement accompanying their card for fee and card information.

Employee:

Name: _____ ID#: _____

Address: _____

City:_____ State: _____ Zip: _____

Phone Number: _____ Date of Birth (DOB): ___/____/_____
(mm/dd/yyyy)

Signature: _____ Date: _____/_____/_____
(mm/dd/yyyy)

PLEASE SUBMIT THIS FORM TO YOUR EMPLOYER.