

PayMaster, Inc. Employee Direct Deposit / PayCard Application

Employee Instructions:

1. Complete the employee required information section.
2. Complete the Direct Deposit / PayCard section(s) to specify where you want your pay deposited.
3. Sign the bottom of the form.
4. Retain a copy and return original to your employer.

Employer Instructions:

1. Complete the employer required information section.
2. Return this original form to PayMaster, Inc.

Employee Name _____ Employer Name _____

Social Security Number _____ Client Number _____

DIRECT DEPOSIT

(Attach copy of a voided check, bank letter, or specification sheet for each account)

I would like my wages deposited to the following bank account(s)

Account 1 (check one) Checking Account Savings Account

I would like to deposit (check one) Entire Net Pay \$_____.00 _____%

Account 2: (check one) Checking Account Savings Account

I would like to deposit (check one) Entire Net Pay \$_____.00 _____%

PAYROLL DEBIT CARD

I would like my wages deposited to an ATM Debit PayCard. I agree to the term and conditions of the MarketView Resources card program (including any maintenance/ATM withdrawal fees) as set forth in the materials received by me prior to my use of the Card. Card will be sent to your home address in approximately 2 weeks.

Account 1: Checking

I would like to deposit (check one) Entire Net Pay \$_____.00 _____%

Account 2: Savings

I would like to deposit (check one) Entire Net Pay \$_____.00 _____%

Account 3: Additional Card for "Card to Card" Transfers

Print Name to Appear on Additional Card _____

I hereby authorize my employer to deposit any amounts owed me by initiating credit entries to my account at the financial institutions (hereinafter BANK) indicated above. Further, I authorize Bank to accept and to credit any credit entries indicated by COMPANY to my account. In the event that COMPANY deposits funds erroneously into my account, I authorize Company to debit my account not to exceed the original amount of the erroneous credit. For my convenience, I request that PayMaster, Inc directly deposit my wages earned from my employer into my bank account(s). I understand that deposit of my earnings into my account by PayMaster may be an advance of funds on behalf of my employer, which is subject to the successful collection of these funds by PayMaster from my employer's bank. If within 30 days of PayMaster making the deposit into my account, my employer does not make available to PayMaster the funds that were advanced to make the deposit into my account, I authorize PayMaster to charge my account to recover said advance. I agree to hold PayMaster harmless from loss. Any disputes arising out of or in connection with this agreement, if not otherwise resolved, shall be determined by arbitration in West Palm Beach, Florida. In accordance with the Rules of the American Arbitration Association, and it is the expressed desires of both parties that the prevailing party be awarded costs and attorney's fees and that the award be entered as a judgment in any jurisdiction in which the non-prevailing party does business.

This authorization is to remain in full force and effect until COMPANY and BANK have received written notice from me of its termination in such time and in such manner as to afford COMPANY and BANK a reasonable opportunity to act on it.

Employee Signature _____ Date _____

Print Name _____