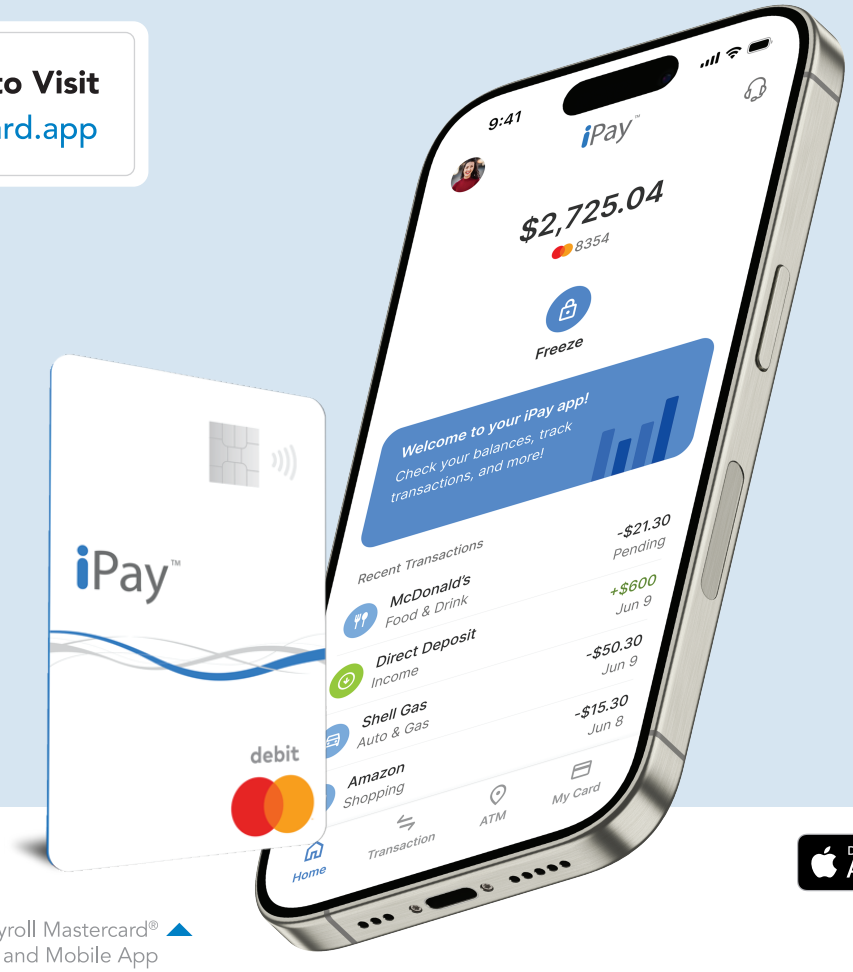
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By submitting this form, you authorize MY HR PROS to deposit your payroll directly to the account listed below.

Last Name	First Name		
Street Address	City	State	Zip
Home Phone	Social Security Number	Company Name	
Account (leave blank if requesting a new card)			
Account Number:	Routing and Transit Number:		
Deposit Amount: (Check only one)			
Entire Pay ☐	Percentage Amount ☐ %	Specific Amount ☐ $	

Check only one:	
☐ A New Authorization for Direct Deposit. Not Currently Using Direct Deposit.	☐ Please Change my Existing Authorization. Transfer Automatic Payment from my Previous Authorization.

Employee Signature	**Date**

I hereby authorize My HR PROS to automatically deposit my paycheck into the account listed above *(this includes authorization to correct entries made in error)*. This authorization will remain in effect until give written notice to cancel it.

This card is offered through My HR Pros as a safe alternative to paper checks. We can offer same day deposits as your check date for the Focus Card. We cannot guarantee this on other cards.