



## Payment Enrollment Form

We offer two options to receive your payment for time worked. Select one of these options below.

### Option 1: Direct Deposit

**A VOIDED CHECK OR BANK ACCT. CONFIRMATION LETTER MUST BE ATTACHED!**

If depositing into an account of your choice, **attach a voided check for each account (not a deposit slip) or a letter from the bank on official letterhead verifying the ABA routing and account number. We must have one of these documents.**

Bank Name: \_\_\_\_\_ Checking \_\_\_\_\_ Savings \_\_\_\_\_

Routing/Transit # (9 digits): \_\_\_\_\_ Account Number: \_\_\_\_\_

I hereby authorize Helpers, Inc. to deposit any amounts owed to me by initiating credit entries to my accounts at the financial institutions (Bank) indicated on this form. Further, I authorized Bank to accept and to credit any credit entries indicated by Helpers, Inc. to my accounts. Unless prohibited by applicable law, if Helpers, Inc. deposits funds erroneously into my account, I authorized Helpers, Inc., either directly or through its payroll service provider, to debit my account for an amount not to exceed the original amount of the erroneous credit.

### Option 2: Paycard

\_\_\_ Please issue me a Paycard.

I hereby elect and consent to receive my wages by electronic transfer of wages to a paycard. In addition, to the extent permitted by applicable law, I hereby authorize Helpers, Inc. to make all my deposits and deposit adjustments, and I authorize the bank where such funds are deposited to accept such deposits and make such adjustments. Once enrolled, a temporary card will be mailed to me.

**Features of the Paycard:** No bank account needed, no credit check, guaranteed approval.

***Workers are paid twice a month.***

***To calculate when you will receive payment, use the chart below:***

Dates Worked	Pay Date
1 <sup>st</sup> -15 <sup>th</sup>	5 <sup>th</sup> of the following month
16 <sup>th</sup> -31 <sup>st</sup>	20 <sup>th</sup> of the following month

**Instructions for viewing your paystubs will be sent you to after your first clock-in. Please read and sign before completing and submitting.**

Worker Name: \_\_\_\_\_ SSN#: \_\_\_\_\_

Worker Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**If Direct Deposit is chosen, a voided check or bank letter must be attached.**