



## Direct Deposit Authorization

*We must have all of the information below, before a direct deposit will be entered and processed.*

<u>First and Last Name</u>	<u>E-mail Address</u>
<u>Address</u>	<u>City, State, Zip</u>
<u>Bank Name</u>	<u>Bank Telephone</u>
<u>Bank Address</u>	<u>Bank City, State, Zip</u>
<u>Bank Routing (ABA) Number</u>	<u>Account Number</u>

### **Please check the appropriate box:**

**Global Cash Card** *(Must complete attached form.)*

**Checking Account**

Please attach a blank check or copy of a check with "Void" marked across the face. (Please note WE WILL NOT ACCEPT DEPOSIT SLIPS for checking accounts).

**Additional Information:** \_\_\_\_\_  
\_\_\_\_\_

**Savings Account**

You must call your bank and request the ABA routing number and your savings account number they use for direct deposit. (The numbers generally differ from the one on your deposit slip. Please note WE WILL NOT ACCEPT DEPOSIT SLIPS). Have the bank fax the information to 218-847-2173.

**Additional Information:** \_\_\_\_\_  
\_\_\_\_\_

I authorize PRO Resources Corporation to initiate electronic credit entries each pay period, and if necessary, debit entries and adjustments for any credit entries in error to my above named account. If for any reason a final pay is given to me, and items are owed back to my assigned employer, it is at the discretion of PRO Resources Corporation to authorize my final pay to not be directly deposited, and a regular check be issued instead. I will pick up my final paycheck from my work site employer, while returning items still owed. I understand that this authorization will remain in effect until canceled by me in writing.

## Paperless Pay Stubs

I understand that by participating in direct deposit, I will not receive my pay stubs in a paper form. My pay stubs will be available electronically via PRO Online (<http://www.peohrpro.com>). I will be able to access my pay stubs through my worksite employer's computer, public computer, or my personal computer by logging on to PRO's 24 hour, convenient, and secure website using my personalized log in and password.

Employee Signature:

Date:



# Global Cash Card

## Cash Card Enrollment / Cancellation Form

CARD NUMBER \_\_\_\_\_ -- \_\_\_\_\_ -- \_\_\_\_\_ -- \_\_\_\_\_

NEW                       REPLACEMENT                       CANCEL

### Global Cash Card - Account Owner Information (Please Print Legibly)

First Name:	Middle Initial:	Last Name:	
Street:		Apartment #:	
City:	State:	Zip Code	
Home Telephone: (       )	Date of Birth (MM/DD/YYYY):       /       /		
** Cell Number: (Optional) (       ) For text messaging confirmations/balances	** Email Address (Optional): For e-mail notifications		
Social Security # :       --       --	EMPLID #:		
Date: _____		Employee Signature: _____	

### FOR OFFICE USE ONLY

<b>BRANCH INFORMATION</b> (All fields must be completed by a company representative)	
Branch Name:	Branch Dept #:
Form Completed by:	Telephone #:

\*\*\* FAX COMPLETED FORM TO YOUR PAYROLL CENTER:\*\*\*

ATTACH COPY OF CARD