**PAY SELECTION AGREEMENT**

**Staff Management Associates LLC d/b/a Mack Staffing offers employees two payment options.**

**You may choose either a pay card or direct deposit.**

Money Network Pay Cards are available to every employee and are a convenient way to access your pay and ensure that your pay will be available each payday morning without being at work to pick up a paper check. To take advantage of the safety, dependability and convenience of pay cards, check the pay card option below and sign the authorization statement.

**Pay Card Option**

\_\_\_\_\_ I choose to have my pay deposited directly to my **pay card**. My manager will give my Money Network pay card and information kit to me. My net pay will be deposited onto the pay card each payday.

**Direct Deposit Option**

\_\_\_\_\_ I choose to have my paycheck deposited directly into my **checking/savings** account. I have attached a voided check, check photocopy, deposit slip, or other form of bank account documentation and have signed the authorization statement below.

1. **Bank Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_**
2. **Bank Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
3. **ACH Routing number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
4. **Account Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
5. **Account Type: Checking**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Savings\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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I hereby authorize Mack Staffing (here in after “Company”) to deposit to my account any amount owed to me for wages by initiation of credit entries at the financial institution (hereinafter “Bank”) handling my choice indicated above. Further, I authorize Bank to accept and credit to my account any credit entries initiated by Company. In the event that Company erroneously deposits funds into my account, I authorize Company to debit my account for an amount not to exceed the original amount of the erroneous credit. This authorization is to remain in full force and affect until Company receives written notice from me of its termination in such time and in such a manner as to afford a reasonable opportunity to act on it.

Employee Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_\_ Zip Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ALWAYS CHECK YOUR PAY STUB OR YOUR ACCOUNT TO VERIFY THAT YOUR DEPOSIT HAS POSTED

**Fax to: 973-433-7751 or email:** **Marisolm@mackstaffing.com**

**+++++++++++++++++++++++++++++++ For Payroll Use Only++++++++++++++++++++++++++++++++++**

Pay Card Routing Number **084003997**  Pay Card Account Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_