Associate Pay Method Selection Form

Send to *secure fax number: 817-354-2801* or scan/email to: *accounting@abbastaffing.com*

I authorize Abba Parking Services ("Abba") to initiate electronic credit entries each pay period, and if the company erroneously deposits funds into my account, to initiate debit entries and adjustments for any credit entries made in error (not to exceed the total of the original amount credited for the current pay period). Where a payment has been deposited to me in error, I will remit all monies to Abba by check or money order. I also authorize Abba to contact the bank to verify any of the information I have provided. I understand that Abba will not be responsible for any overdrafts on my account. I hereby release Abba from any liability associated with the availability of funds including but not limited to bank fees, penalties, interest charges or other costs. I authorize the selection to participate in Direct Deposit and agree to all terms associated with this selection.

Select one of the following:

☐ Direct deposit onto an Abba-furnished "Pay Card", which is a MasterCard debit card

☐ Direct deposit into my account as shown below:

Name on Account	Financial Institution Routing Number (do not use the number on a deposit slip!):
Name of Bank/S&L/Credit Union/Other	Account Number
City/State/Zip of Bank	Check one: ☐ Checking ☐ Savings
Employee Name	Social Security Number
Employee Street Address	Employee Telephone Number
Employee City/State/Zip	

Direct Deposit is a benefit provided by Abba Parking Services. By signing above you have voluntarily chosen to receive your wages by direct deposit in lieu of receiving another payment method on payday. Your pay should be deposited and available each Friday at the start of business. Due to the nature of the electronic funds transfer process, you may incur delays receiving the funds in certain situations, including but not limited to bank or legal holidays, acts of God, electronic failures and Abba or bank errors. You are responsible for contacting your bank to verify that funds were deposited in your account prior to using them.

Employee Signature	Date

(Attach voided **check** here – **do not submit a deposit slip)**