

Direct Deposit

Associate Name _____
(Please Print)

Social Security Number _____

****Attach a voided check or bank letter specification sheet.****

I would like my wages/salary deposited to the bank account attached

Checking Bank Name: _____

Savings Bank Name: _____

Checking Account:
_____ Entire Net Pay

Savings Account:
_____ Entire Net Pay

_____ % of Net Pay

_____ % of Net Pay

_____ Set dollar amount \$ _____

_____ Set dollar amount \$ _____

I hereby authorize my employer, _____ (hereinafter "COMPANY"), to deposit any amounts owed me by initiating credit entries to my account at the financial institution (hereinafter "BANK") indicated above. Further, I authorize BANK to accept and to credit any credit entries indicated by COMPANY to my account. In the event that COMPANY deposits funds erroneously 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 effect until COMPANY and BANK have received written notice from me of its termination in such time and in such manner as to afford COMPANY and BANK a reasonable opportunity to act on it.

Employee Signature: _____ Date: _____

Account #: _____

Routing & Transit #: _____

Entered by Payroll:

Pay-Go Plan



Transaction Type

Cardholder Fee

New Card Enrollment Fee (One-Time)	\$3.99
Monthly Fee	\$3.99
ATM Transactions* (Withdrawal, Balance Inquiry, Decline)	\$1.50
POS PIN debit purchase	\$1.00
Balance Inquiry via IVR or Online	FREE
Signature based purchase	FREE
Online Purchase	FREE
Online Account Management (paypartners.mycardplace.com)	FREE
Direct Deposit Text Message Alert	FREE
Bill Payment via Phone	FREE

Other Services

Electronic Bill Pay	\$0.50
Bill Pay via check	\$1.25
Card to Cash Money Transfer (105 countries - 40,000 pickup locations)	\$12.00 flat fee
SMS Balance Inquiry	\$0.25
Live Bilingual Agent Support (English & Spanish)	\$1.00 per call
<i>Fee charged only for requests that could have been handled by automated service</i>	
Replacement Card (+ S&H) Instant Issue Card	\$3.99
Personalized Card	\$10.00 (shipped directly to cardholder)

***ATM owners may charge a surcharge for withdrawals, balance inquiries and declines on their machines. To avoid this charge, utilize our surcharge free ATM network (www.moneypass.com)**

Visit us at www.paypartners.com
for more information

PayPartner's Master Card Enrollment Form for Shepard Exposition Services

Associate Name _____

Social Security Number (whole #) _____

DOB _____

Have you ever had a Pay Partner's Card Before? Y N

Deposit Whole Check: _____ Yes _____ No

_____ Deposit Part of Check: \$ _____

Enrollment Terms

1. I hereby authorize my employer to directly deposit my pay into the specified PayPartners Card account.
2. This authorization is to remain in force until the company has received written authorization from me of its termination or change.
3. Also, I grant my employer the right to correct any electronic funds transfer resulting from an erroneous overpayment by debiting my account to the extent of such overpayment.
4. If sufficient funds are not available in my account, I authorize my employer to withhold such overpayment from one or more subsequent paychecks.
5. I understand that this card will be activated and active for a minimum of three months.
6. I agree to pay a fee of \$5.00 to cover shipping and handling of my Card should it be returned to Pay Partners' offices due to incorrect address.

Signature: _____ Date: _____

For Payroll Use Only:

Company: Shepard Exposition Services Branch: _____

Temporary Card Issued: Y N

Last Six Digits of Card Number: _____ Initial if card is assigned: _____

Cardholder initial: _____

Routing # _____

Account # _____

Entered in Evolution (date): _____