

Salt Lake County Payment Authorization Form

Employee Information	
First & Middle Names:	Last Name:
Address (no PO Box)*:	PO Box for Mailing Purposes:
City:	State / Zip:
Home/Cell Phone:	Work Phone:
Social Security #:	Date of Birth:
Country of Permanent Residence:	Country of Citizenship:
Employee ID #:	

Wells* Fargo requires an Applicant to provide a physical residential address. If no physical residential address exists, Applicant may provide a rural route number or a description of where the Applicant lives.

Notice to Card Applicant: Wells Fargo Bank, N.A (Bank) issues the Prepaid Card Solutions Card. Consistent with its efforts to help our government fight money laundering activities and terrorism funding, Bank obtains, verifies and records information to identify each individual who applies for a Prepaid Card Solutions Card. If you elect to apply for a Prepaid Card Solutions Card, you must provide the Personal Identification Information listed below. In addition, the Bank may also ask to see your driver's license or other identifying documents.

You have two convenient options, check one:	
<input type="checkbox"/> Direct Deposit	By choosing traditional direct deposit, your pay will be deposited directly into your checking or savings account each payday.
<input type="checkbox"/> Prepaid Card Solutions Card	<p>Enrollment Agreements, Authorizations and Signature of Applicant</p> <p>I represent and warrant to Sponsor that the Personal Identification Information in Employee Information is true and correct, and I agree to notify Wells Fargo of any change to my Personal Identification Information.</p> <p>I authorize Sponsor to send my Personal Identification Information to Bank in furtherance of my enrollment for a Prepaid Card Solutions Card.</p> <p>If Wells Fargo determines it needs additional information to complete the Prepaid Card Solutions Card enrollment process, I agree to provide requested documentation to Wells Fargo and Sponsor.</p> <p>I authorize Sponsor to load certain funds from Sponsor to me to my Prepaid Solutions Card and, in the event that any funds are loaded in error, to correct the error and un-load such funds.</p> <p>I agree that Sponsor may discontinue actions pursuant to one or more of these authorizations in its sole discretion and without notice to me.</p> <p>I agree that these authorizations replace any previous authorizations relating to my enrollment with Sponsor for a Prepaid Card Solutions Card.</p> <p>I have reviewed the Fee Schedule to my Prepaid Card Solutions Card and consent to the fees charged in connection with my Prepaid Card Solutions Card.</p> <p>I agree that these authorizations will remain in full force and effect unless and until: (i) Sponsor discontinues actions pursuant to one or more of the authorizations; (ii) I submit written notice to Sponsor that I intend to terminate one or more of the authorizations, and Sponsor has a reasonable period of time to act on such notice; or (iii) I have terminated the Prepaid Card Solutions Card pursuant to the Terms and Conditions for card use provided to me by Bank.</p>

Only fill out if choosing Direct Deposit.			
Bank Name	ABA Routing/Transit #	Account #	Type of Account
			<input type="checkbox"/> checking <input type="checkbox"/> savings

I hereby authorize Salt Lake County to initiate credit entries (deposits) and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my bank account or Wells Fargo PayCard Card account. This authorization will remain in effect until cancelled by me with written notification to Salt Lake County.

Signature: _____ Date: _____