

Excel Partners realizes the importance of receiving your pay as quickly and conveniently as possible. In order to achieve this, we accept two forms of electronic payment which are described below. Please choose which method you prefer and return this form to us prior to starting your assignment. You may change your selection at any time.

Direct deposits occur every Thursday morning for time cards received prior to 10am the previous Monday, regardless of holidays.

Electronic Option 1 - Direct Deposit Account Information

Name of Financial Institution: _____

Routing Number (9 digits): _____

Account Number: _____

Account Type (Select one): Checking Savings



In order to verify the account and routing number, direct deposit forms will not be accepted without a voided/copy of a check or letter from your bank. You send a scan/photo separately to payroll@excel-partners.com or fax to (203) 978-6203.

Electronic Option 2 – WEX rapid! Paycard



- Payment of wages by means of a PayCard is voluntary. Employee may instead choose to receive wages by direct deposit or negotiable check.
- Use rapid! Paycard at ATMs to get cash whenever you need it. Free withdrawals from Allpoint network ATMs. Convenient locations include CVS, Walgreens, Target, Costco and 7 Eleven. Go to www.allpointnetwork.com for a complete list.
- Use as a debit card and receive cash back with purchases.
- Take to any bank that displays the Mastercard logo and withdraw the entire balance to avoid check cashing fees.

Card ID Number: _____

For internal use only: Routing # 124085244 Account Number: _____ Date: _____

Authorization Agreement

I hereby authorize Excel Partners, Inc. to initiate automatic deposits to my account at the financial institution named below. I also authorize Excel Partners, Inc. to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold Excel Partners, Inc. responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until Excel Partners, Inc. receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Payroll Department.

Name: _____ Date of Birth: _____ Social Security #: _____

Street Address (no PO Box): _____

City: _____ State: _____ Zip: _____ Phone: _____

Authorized Signature _____

Date _____