Employee Payroll Direct Deposit Form





Fill out this form and return to Human Resources or the Payroll Department. Your Focus Card™ will be mailed to the address provided in 5-7 business days.

Employee Information

Company Name:		Employer ID:	
First Name:		Last Name:	
Address:			
City:		State:	Zip Code:
Phone Number:		Email Address:	
Social Security Numb	er:	Date of Birth:	
Two Convenient	Options		
☐ Direct Deposit	By choosing traditional direct deposition directly into your checking or savings		usbank focus
☐ Focus Card	With the Focus Card, your pay will be prepaid Visa® card. Your card can be Visa debit cards are accepted worlds credit card and there is no cost to en	e used anywhere wide. It's not a	1234 5678 901 2 3456 ************************************

Account Information

- 1. Check the box on the left for each account you would like.
- 2. Fill in the account information and the deduction amount. For each account, you may select a whole dollar amount, 100% or the remaining balance to be deposited.

If Choosing Direct Deposit:

Please attach a voided check or copy of check here. Do not attach a deposit slip, the routing number is not always correct.

Bank Name	Account #	Routing #	Type Of Account	Deduction Amount
U.S. Bank Focus Card	N/A	N/A	Focus Card	\$00 100% Remaining balance
			☐ Checking ☐ Savings	\$00 100% Remaining balance
			☐ Checking ☐ Savings	\$00 100% Remaining balance

Important Information About Procedures For Opening A New Account

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: when you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

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

Signature: Date:	