



Provide this form directly to your employer or benefits provider:

I authorize my Employer / Payor _____ to initiate credit entries for the direct deposit of my entire pay check or other amount to my prepaid card on a recurring basis, including, if necessary, to initiate any debit entries and adjustments to correct any erroneous credit entries. This authorization will remain in effect until I revoke (cancel) it in writing.

Your Direct Deposit Account Number _____
026014902 Routing Number Metropolitan Commercial Bank Bank Name

Amount you want deposited per paycheck:

Choose One: Entire Paycheck % of Paycheck \$ of Paycheck

Name _____ Signature