



# Direct Deposit Authorization Form

BY USING THIS CARD YOU AGREE WITH THE TERMS AND CONDITIONS OF THE CARDHOLDER AGREEMENT AND FEE SCHEDULE, IF ANY

Full Name: \_\_\_\_\_

Date: \_\_\_\_\_

### Authorization Agreement

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

### Account Authorization

Account Holder  
Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Indicate the amount you want deposited per pay period

Entire Check   
Amount

\_\_\_\_ % of check   
(50% for example)

\$ \_\_\_\_ per check   
(fixed dollar amount, such as \$350)

John Doe  
123 Example St  
Las Vegas, NV 89116

Date: \_\_\_\_\_

PAY TO THE  
ORDER OF \_\_\_\_\_

\$

Metropolitan Commercial Bank  
99 Park Ave. | 4th Floor New  
York, NY 10016

MEMO \_\_\_\_\_

Routing Number \_\_\_\_\_

Account Number \_\_\_\_\_