



HARRIS CO. VDHCB
PAYMENT ELECTION FORM

Name of Financial Institution: _____

Type of Account: Checking Savings Percentage: _____ %

FOR CHECKING ACCOUNT: Tape a voided check here.
(No starter check or deposit slip.)

FOR SAVINGS ACCOUNT: Attach letter from bank with routing and account numbers.
(Letter must be typed on bank's letterhead.)

SECTION 4:

Check Stubs:

I hereby elect to receive my check stubs via mail, not online.

SECTION 5: (Check one box ONLY)

Authorization for Set-Up, Change, or Cancellation:

- I hereby authorize Premier Financial Management Services (Premier FMS) to **deposit** any amount owed to me for wages and/or reimbursements. Premier FMS is not responsible for any erroneous information provided. Also, I grant Premier FMS permission to correct and/or adjust any electronic funds transfer resulting from an erroneous overpayment by debiting my account. This authorization is to remain in full force and effect until Premier FMS receives written notification from me to terminate the agreement.
- I hereby elect and consent to receive my wages to a **paycard** by electronic transfer. I also grant Premier Financial Management Services (Premier FMS) permission to correct and/or adjust any electronic funds transfer resulting from an erroneous overpayment by debiting my account. I acknowledge I have received a copy of the terms, conditions, and fees associated with using the aforementioned paycard. This authorization is to remain in full force and effect until Premier FMS receives written notification from me to terminate the agreement.
- I hereby authorize Premier Financial Management Services to stop making electronic transfers to my account. I also understand that I will now receive physical payroll checks rather than a direct deposit.

Signature: _____ Date: ___ / ___ / _____

***Please note, your first payment may be a paper check.**

Paycard Number: (For office use only)