

**Instructions:** Please fill out the information, as applicable, then select the appropriate box below. After entering the Financial Institution information, please attach the required documentation as listed. Review the **Authorization for Set-Up** then sign and date. Please submit the completed form to **Premier Financial Management Services ILSP Program** via one of the following options:

Mail: 10425 W North Ave. Suite 320 Milwaukee, WI 53226	<b>Drop Off:</b> 10425 W North Ave. Suite 345 Milwaukee, WI 53226		Email: ilsp@premier-fms.com		<b>Fax:</b> 1-877-334-2573
Note: Please print clearly.					
Name:					
Direct-hired Worker/Vendor N	ame:				
Effective Date: / /			Last 4 Dig	its of SSN/V	endor EIN:
Check one box ONLY:	New DD Set Up		New Paycard Set-Up		
Name of Financial Institution:					
Type of Account:	Checking	Percentage:	%	Savings	Percentage:%
Name of Financial Institution:					
Type of Account:	Checking	Percentage:	%	Savings	Percentage: %
Name of Financial Institution:					
Type of Account:	Checking	Percentage:	%	Savings	Percentage: %
Name of Financial Institution:					
Type of Account:	Checking	Percentage	%	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.)

For Multiple Accounts: Please attach additional verification of account and routing numbers to the other side of this page.

## Authorization for Set-Up:

(For office use only)

I hereby authorize Premier Financial Management Services (PFMS) to deposit any amount owed to me for wages and/or reimbursements. PFMS is not responsible for any erroneous information provided. Also, I grant PFMS permission to correct and/or adjust any electronic funds transfer resulting from an erroneous overpayments by debiting my account. This authorization is to remain in full force and effect until PFMS receives written notification from me to terminate the agreement.

I hereby elect and consent to recieve my wages to a paycard by electronic transfer. I also grant Premier Financial Management Services (PFMS) 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 PFMS recieves written notification from me to terminate the agreement.

Signature:		Date:	//
Paycard Number:			