Employee # _____ (To be completed by Home Office)

Authorization Agreement for Money Network Visa Pay Card

I hereby authorize Integrity Rehab Services, LLC., hereinafter called COMPANY, to initiate entries directly to my Visa Pay Card indicated below. This authorization allows credit and/or debit entries to such account.

EMPLOYEE NAME: _____

TRANSIT/ABA NO: ____ ____ _____ ____ ____ ____ ____ ____ ____**(To be completed by Home Office)**

ACCOUNT NO: ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____

Check the appropriate item:

_____ **Money Network Visa Pay Card**
The undersigned hereby requests and authorizes the entire amount of my paycheck, each pay period, to be deposited into the Visa Pay Card account named above.

_____ **I would like to cancel my Money Network Visa Pay Card; authorization for direct deposit is attached.**
The undersigned hereby cancels the authorization for my Money Network Visa Pay Card previously submitted. I also understand that by cancelling this request, I must authorize deposit of my paycheck into a direct deposit checking account of my choice.

Address you would like your Money Network correspondence mailed to:
(If different than your home address)

_____	_____	_____	_____
Street address	**City**	**MI**	**Zip Code**

Primary Phone: (___ ___) _____

Email address: (Optional) _____

Authorization Agreement: I hereby authorize Integrity Rehab Services, LLC to deposit my paycheck each payday, directly into the account named above. This authority will remain in force until I have given written notice that I am terminating it, or until my employer has notified me that this deposit service has been discontinued. I understand that I must give advance notice to allow reasonable time for my instructions to be executed. If an incorrect deposit should be made into my account, I authorize Money Network and Integrity Rehab Services, LLC. to make the appropriate adjustment(s).

PRINT NAME: _____ DATE: _____

SIGNATURE: _____

Revised 10/4/2011