

# Infinity Staffing Services, Inc. Process and Payroll Payment Request

Once placed on an Assignment through Infinity Staffing you will receive a timecard that you are to turn into us every Monday by NOON. It is YOUR responsibility to have the timecard filled out completely and signed by your supervisor every week, at the end of your shift. Our work week is Monday – Sunday, with payday being every Friday.

## Employee Information

Employee Name: \_\_\_\_\_ Last 4 of SS#: \_\_\_\_\_ Company Location: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Residence Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Global Cash Paycard** Paycard Information:

Account #: \_\_\_\_\_

By providing the information requested above and signing below, I hereby elect and consent to receive my wages, including but not limited to off cycle wage payments and wage payments upon discharge, by electronic transfer of wages to a paycard. In addition, to the extent permitted by applicable law, I hereby authorize Infinity Staffing to make all of my deposits and deposit adjustments, including those involving off cycle wage payments and wage payments upon discharge, to my paycard, and I authorize the bank where such funds are deposited to accept such deposits and make such adjustments. I acknowledge I have received a copy of the terms, conditions, and fees associated with using such paycard. This authorization shall remain in effect until fourteen (14) days after Infinity Staffing receives written notice from me terminating my authorization.

**Direct Deposit** Bank Account Information:

Account Type:  Checking  Savings Bank Name: \_\_\_\_\_

ABA/Routing #: \_\_\_\_\_ Account #: \_\_\_\_\_

### Additional Information for Direct Deposit:

- You must provide a voided check (no deposit slips) or a letter from the bank on official letterhead verifying the ABA and account #. Incomplete or inaccurate information will not be processed.
- It is your responsibility to notify Payroll of any changes to/closure of your bank account. Failure to notify Payroll may delay issuance of checks.

By providing the information requested above and signing below, I hereby elect and consent to receive my wages via direct deposit. In addition, I hereby authorize Infinity Staffing on its own behalf and on behalf of its direct and indirect subsidiaries and affiliates, to make (electronically or otherwise) all deposits and deposit adjustments involving my pay, including those involving off cycle pay and pay upon discharge, to the account(s) identified above, and I authorize the bank(s) listed above to accept such deposits and make such adjustments. I also authorize Infinity Staffing, at its election, to pay any off cycle wage payments and wage payments due to me upon discharge by means of electronic transfer of funds to a paycard, or payroll check in the event the paycard option is unavailable. I acknowledge that a copy of the terms, conditions, and fees associated with using such paycard are available at my local Infinity Staffing office. These authorizations will remain in effect until Infinity Staffing receives written notice from me terminating my authorization.

Comments: \_\_\_\_\_

Employee Name (Print Name): \_\_\_\_\_ Date: \_\_\_\_\_

Employee Signature Authorizing Payment: \_\_\_\_\_