

Formulario de suscripción para depósito directo / Direct deposit sign-up form

Por favor firma este formulario y dáselo a tu empleador o departamento de recursos humanos.

Please sign this form and give it to your employer or human resources department.

Autorizo a (nombre del empleador o pagador) a depositar electrónicamente

I authorize (my employer or payer) to electronically deposit

mi cheque completo / *my entire paycheck*
 la siguiente cantidad / *the following amount*
\$ _____

directo en mi cuenta **PR1MACARD™** MasterCard® y a iniciar, de ser necesario, el reverso de cargos o ajustes de montos acreditados por error en mi tarjeta (sin que exceda el monto del crédito original).

directly onto my PR1MACARD™ MasterCard® and to initiate, if necessary, reversal entries and adjustments to any credit entries in error to my card (without exceeding the original credit).

Haz que te depositen tu sueldo automáticamente a tu cuenta **PR1MACARD™** MasterCard® *Have your paycheck automatically deposited onto your PR1MACARD™ MasterCard®*

Name / Nombre _____	Palm Desert National Bank 72-760 El Paseo Palm Desert, CA 92260
Address / Dirección _____	
City / Ciudad _____ State / Estado _____ Zip _____	Date / Fecha _____
Pay to the order of (páguese a la orden de): _____	\$ <input type="text"/>
_____ Dollars / Dólares	
Routing number 122238585	Last 10 digits of card number 855001
CARDHOLDER SIGNATURE/ FIRMA DEL TARJETA-HABIENTE	

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Payroll Direct Deposit Enrollment Form

Check one of the following: <input type="checkbox"/> New <input type="checkbox"/> Change		Effective Date: <input type="checkbox"/> As Soon As Possible <input type="checkbox"/> Start Date ____/____/____	
Name (Last, First, Middle)		Social Security Number or Identification Number	
Financial Institution (Name) Palm Desert National Bank		Financial Institution (City, State) Palm Desert, California	
Transit Routing Number (Must be 9 digits) 122238585		Account Number (16 digits) 855001 Insert the last 10 digits of your card number here (Please Fill In Completely)	
Type of Account: Checking	Notes: Pr1maCard Holder	Pay Period: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly	
I wish to Deposit the following every pay period: <input type="checkbox"/> Full Amount <input type="checkbox"/> Partial Amount - \$_____ (clearly define partial amount here, if any)			

I authorize my employer or originator (listed below) to direct deposit earned funds to my account in the financial institution listed above. If funds to which I am **not** entitled are deposited in my account, I authorize my employer or originator to initiate a correcting (debit) entry. I understand that the authorization may be rejected or discontinued by my employer or originator at any time. If any of the above information changes, I will promptly complete a new authorization agreement. If the direct deposit is not stopped before closing an account, funds payable to me will be returned to my employer or originator for alternative distribution. We will only deposit earnings into the account designated on this form.

Date (Mo/Day/Yr)	Employee Name	Home Phone Number	Mobile Number
Home Address: Street	City	State	Zip Code
Email Address:	Employee Hiring Status: Full Time/Part Time		
Employer Name:	Employer Street Address	Employer City, State, and Zip Code	
Employer Payroll Contact Name:	Employer Payroll Phone Number:	Employer Payroll Email Address:	

By signing this form, I hereby state that all information provided by me on this form is true to the best of my knowledge.

Employee Signature: _____ Date: _____

Upon completing this direct deposit form, return it to your employer or the form originator. You may also be required to complete and sign a direct deposit authorization form from your employer or the originator of your payroll/direct deposit. **Keep a copy of this document for your records.**

Please allow up to 2 weeks for processing this request.