

Pay Selection and Direct Deposit Authorization Agreement

	HOW WOULD YOU LIKE TO BE PAID?					
Payment Selection: (please check only one box)						
	□ Direc	ct Deposit		Money Netwo	ork Services*	
*If you choose the Money Network Services Option, Palco will enroll you with our partners at First D Money Network Services. For paper check option, call our office to discuss and request a different f						
Degreet Type (check and):						
	Request Type (check one): New Account Setup Change in Existing Account Cancellation					
	DIF	N				
	Account Holder's Full Name			ID or Last 4 of SSN		
	Financial Institution	Routing Number		Account No	ımber	
Type of Account (select one): ☐ Checking ☐ Savings ☐ Pre-paid						rd
REQUIRED The following validating documentation is attached:						
□ Voided check with account holder name printed on the check. Check cannot be a temporary check.						
OR						
☐ Official documentation from financial institution listing account holder name, account, and routing number. This includes letters from banks and paperwork from pre-paid cards.						
err end not fur finat accinct important	authorize Palco, Inc. to inconeous deposit to the acctries, I authorize the repayret responsible for any delay e or by my financial institution and to my account. I understancial institution prior to initicount with others, including our from my financial institution authorization mediately. This authorization in such time and stitutions a reasonable opposition.	count indicated herein. In ment to Palco from future or loss of funds due to income or due to an error on the stand that it is my respontiating debits against my age my employer or worker itution. Any changes to on will remain in full force of in such manner as to	n the e amou correct ne part nsibility accour . Palc my a e and	event Palco ints owed to t or incomplet of my finant to verify the nt. I understo to is not rest account mu effect until	is unable to inition me. I understand ete information subscied institution in decrediting of fundand the risks of slaponsible for any est be submitted Palco has received.	ate debit A Palco is pplied by lepositing ds by my haring an charges I to Palco ed written
	Printed Name					
ļ	Signature Signature Signature			Date		-

Please return this form to Conduent via email, fax or mail.

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