



RAPID PAYCARD Authorization For Automated Deposits (ACH Credits)

Company Name: **CHIMES DISTRICT OF COLUMBIA, INC. (CHIMES DC)**

After reading this form, please sign. The payroll office will **NOT** process your request without your signature.

I hereby authorize the above-named company, hereinafter called COMPANY, to establish a payroll debit card account in my name with Rapid PayCard Visa Payroll Card service. Further, I hereby authorize COMPANY to initiate credit entries and to initiate, IF NECESSARY, DEBITS AND ADJUSTMENTS FOR ANY CREDIT ENTRIES IN ERROR, to such account.

I accept responsibility to manage my Rapid PayCard in a prudent manner. I understand that if an error in payroll processing leads to an incorrect transfer to my Rapid PayCard, I will be required to make repayments in the event that the error is not corrected prior to my withdrawing money from my Rapid PayCard.

I also understand that while every effort is made by the Chimes companies to use the Rapid PayCard, there will be times when a paycheck may be issued in place of the electronic transfer.

It is my obligation to check my PayCard to ensure that transfers have been completed. In the event that a transfer is not made, I understand that the Company accepts no responsibility for any charges that may occur. I understand that any charges Rapid PayCard makes for this routine operation of my PayCard, including charges associated with the electronic transfer, are my responsibility.

This authority is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and in such manner as to afford COMPANY a reasonable opportunity to act on it.

I have read and understand my obligations.

PRINT NAME: _____

SIGNATURE: _____

DATE: _____

*****PLEASE NOTE*****

Chimes transmits the electronic transfer on Tuesday for a pay date of Wednesday, or Thursday for a pay date of Friday. Your PayCard should post your electronic transfer no later than the next business day.