



WWW.ASA.EDU

PAY CARD DEPOSIT AUTHORIZATION FORM

To be able to receive your pay as Pay Card, you must complete the following:

- ▶ Complete the employee section of this form.
- ▶ Return (e-mail) completed form to the Human Resources office.

TO BE COMPLETED BY EMPLOYEE:

New Enrollment
 Modify Enrollment
 Cancel Enrollment

Name of the Employee:

Last: _____ First: _____ Middle: _____

Address:

_____ City: _____ State: _____ Zip: _____

Cell phone: _____ Home phone: _____ Work Phone: _____

Personal e-mail: _____ Work e-mail: _____

Date of Birth: _____ Social Security #: _____

Department/Office: _____

Job Title _____ Employee ID#: _____

I hereby authorize ASA College each pay day to deposit: \$ _____ **Entire Net Amount** of my paycheck as a Pay Card. In the event of the Pay Card to be credited with an erroneous payment, I authorize the reversal of the erroneous payment, or the recovery of the erroneous payment from any funds remaining in my future compensation.

Signature of the Employee

Date (MM/DD/YYYY)

TO BE COMPLETED BY HR REPRESENTATIVE:

Acct.Type: Pay Card _____
Account Number

Signature of the HR Representative

Date (MM/DD/YYYY)

DOWNTOWN BROOKLYN

151 Lawrence Street
Brooklyn, NY 11201
Tel.: 718 - 522-9073

MIDTOWN MANHATTAN

1293 Broadway/One Herald Center
New York, NY 10001
Tel.: 212-672-6450

NORTH MIAMI BEACH

3909 N.E. 163rd Street
North Miami Beach, FL 33160
Tel.: 786-279-1740