

# Direct Deposit Form

Please complete this form and submit it to your employer or benefits provider to enroll in FREE direct deposit to your MiCash card.

## Direct Deposit Authorization

I wish to have my paycheck deposited directly to my MiCash® Prepaid MasterCard® Card. I authorize you (my employer or payor) to electronically deposit my paychecks or benefit checks to my MiCash Prepaid MasterCard Card account each pay period.

## Select an Amount to Deposit Each Pay Period

- 100% of my paycheck
- \_\_\_\_\_% of my paycheck
- Set amount each pay period \$ \_\_\_\_\_

Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Routing # 103101437

MiCash Account # (16 Digit Account Number from Your Card, 4 Digits Per Box)

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**MiCash** The Premier  
Prepaid Mastercard

Payroll Administration Inquiries: Please contact MiCash at 1 (202) 298-2902.

This card is issued by MetaBank™ pursuant to license by MasterCard International Incorporated. MasterCard is a registered trademark of MasterCard International Incorporated. Funds deposited to the MiCash Prepaid MasterCard Card account are federally insured by the Federal Deposit Insurance Corporation.