

# 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 # 073972181

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

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**MiCash** The Premier  
Prepaid Mastercard