

# Pay Option Form



Fax to (610) 326-9574 or Scan/Email to [peopletime@peopleshareworks.com](mailto:peopletime@peopleshareworks.com)

Employee Name	
Last 4 Digits of Social Security #	XXX-XX- ____ ____ ____ ____
Account Information is	<input type="checkbox"/> New <input type="checkbox"/> Updated
Email Address for Pay Stubs	

## I would like my wages deposited into the following:

*A voided check or a print out from your bank must accompany this form*

### Bank Account/Direct Deposit

BANK Account Type:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
BANK Routing # (9 Digits)	
BANK Account #	
BANK Name	

## I would like my wages deposited into the following:

*An Account Information Slip must accompany this form*

### Money Network

MONEY NETWORK Routing #	0 6 7 0 1 1 2 9 4
MONEY NETWORK Account # (not card number)	

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Place Voided Check/Bank Slip below line (For money Network, place Account Information slip here)*

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