

PAYLOGIC Payroll Service

Authorization Agreement for the Premier Debit Card

Employer Name _____ **Company Code** _____

I hereby authorize PayLogic, hereinafter called Company, to deposit my wages/salary in a MarketView Premier Debit Card account. I also authorize Company to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account indicated below and the depository named below, hereinafter called Depository, to credit and/or debit the same to such amount.

Bank Name Stonebridge Bank State PA Zip 19382-5554

For **MarketView** Use Only:

Account Number _____ Bank Routing Number 031918569
CARD Number _____

To be completed and signed by employee

Name (Print) _____

Signature _____

Social Security Number _____ Date _____ DOB _____

Additional Card Requested. *For Money Transfer or other uses.*

Additional Cardholder's Name (Print) _____ SS# _____

I agree to the terms and conditions of the MarketView Resources, (MVR) Premier Debit Card program as set forth in the materials "Get Started Kit" received by me prior to my use of the card. 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 and Depository a reasonable opportunity to act on it.