Provi	de this form directly to yo	our employer or benefits provider:			
recur	norize my Employer / Payor _ ring basis, including, if neces: le (cancel) it in writing.	to initiate credit er sary, to initiate any debit entries and adjustn	ntries for the direct deposit of my entire p nents to correct any erroneous credit ent	pay check or other amount to my tries. This authorization will rema	prepaid card on a in in effect until I
			026014902	Metropolitan Co	mmercial Bank
1	Your Direct Deposit Account Number This can be found in the MOVO App under MovoLoad > Direct Deposit.		Routing Number	Bank Name	
	Amount you want deposited per paycheck:				
2	Choose One:	○ Entire Paycheck	O % of Payche	eck	of Paycheck
3	 Name		Signature		

## FOR CUSTOMER SERVICE, CALL MOVOCASH, INC. AT 1-866-533-6686

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