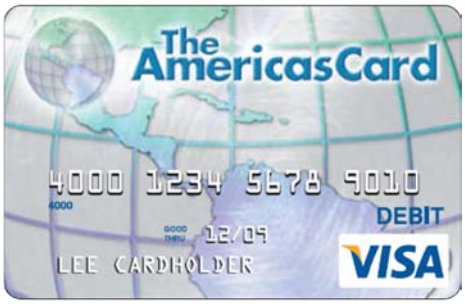

1. Please fill out this form.
2. Be sure to sign at the bottom.
3. Then simply fax this form to TAC Financial, Inc. at (858) 456-1455

MY INFORMATION (REQUIRED)

Name _____

SSN or Tax ID# _____

Date of Birth _____

MY ADDRESS (REQUIRED)

Street _____

City _____ State _____ Zip _____

Email _____ Mobile Phone _____

MY EMPLOYER'S NAME (REQUIRED)

_____

DIRECT DEPOSIT AUTHORIZIATION (REQUIRED)

☑ **I wish to deposit my entire net pay**

I hereby authorize my employer to initiate credits to THE AMERICAS CARD™, a direct deposit VISA Payroll Card. This authorization shall be in effect until revoked in writing by me. THE AMERICAS CARD is transferable to new employers upon termination from my existing employer. It is my responsibility to verify that funds have been directly deposited into my financial account. THE AMERICAS CARD is issued by Palm Desert National Bank pursuant to a license from VISA USA Inc.

Signature _____ Date _____

Fax completed form to TAC Financial, Inc. at (858) 456-1455