



DAYFORCE WALLET DEPOSIT FORM

- Complete the team member portion of this form.
- Attach a screen shot of the information below from Wallet and include in/attach to email to Payroll.
 - Your Name
 - Your Bank Account Number and Bank Routing Number
- Return the completed form to the Payroll Department.
- Your Wallet deposit should begin within two pay periods after we receive your completed form.
 - Please reach out if you do not receive funds to your wallet by the second pay period following submission of this form.

TO BE COMPLETED BY TEAM MEMBER:

I hereby authorize Oki Golf 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 name(s) below, hereinafter called depository, to credit and/or debit the same as such:

NAME: _____ **SSN** ----- _____

Please print your name as it appears on your account

Account Type:	Dayforce Wallet	Amount:	\$
Bank Name:	Central Bank of Kansas City		
Bank Address:	Street Address: 2301 Independence Ave		
	City: Kansas City	State: MO	Zip: 64124
Account #:		Bank Routing #:	

___ **New Enrollment**

___ **Change Enrollment** (describe change): _____

EMPLOYEE SIGNATURE: _____ **DATE:** _____

The agreement will remain in effect until the Oki Golf has received written notification of cancellation from me or my financial institution, or until I submit a new form to the Payroll Department.