



## WEX rapid! PAYCARD CONSENT FORM

Employee Name:	Date:
Address:	City / State / Zip:
Lawson ID#	

<input type="checkbox"/> • WEX rapid! PayCard Issuance Authorization Form		
 	Financial Institution Name: The Bancorp Bank	<b>DEDUCTION AMOUNT / NET PAY</b>  <input type="checkbox"/> • \$ _____  or  <input type="checkbox"/> • 100%
	Direct Deposit Account Number:  ____ _ <i>(Card ID on front of envelope)</i>	
	To be assigned and entered by CINEMARK  Routing Number: <b>0311-0116-9</b>	

I hereby authorize CINEMARK to assign a WEX rapid! PayCard and initiate credit entries and any correcting entries to my assigned WEX rapid! PayCard account. The direct deposit(s) will be made on each payday, unless I notify CINEMARK of my intent to cancel. Upon CINEMARK's receipt of a request to cancel a direct deposit authorization, it shall become effective after a reasonable opportunity to act upon it.

In the event funds are deposited erroneously into my account, I authorize CINEMARK to debit my account(s) not to exceed the original amount of the credit.

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