

Direct Deposit Enrollment Form

specified by my employer or benefits provider.

Signature_____

Account Information Your Spending Account and Routing Number can be found in the Profile > Account Info section in Spruce. Name Bank name Spending Account Number **Routing Number Recurring Amount** ____% of each check Entire check \$ of each check **Authorization** I wish to have my pay/benefits directly deposited into my Spruce Spending Account. I authorize _(fill in employer) to initiate electronic credit entries and if necessary, to initiate any debit entries and adjustments to correct previous credit errors to my Spruce Spending Account.

Please check with your employer or payroll provider as they may not offer direct deposit or partial direct deposit.

SpruceSM Spending Account established at, and debit card issued by, Pathward, N.A., Member FDIC, pursuant to license by Mastercard®. Mastercard and the circles design are registered trademarks of Mastercard International Incorporated.

Date__

This authority will remain in effect until I notify my employer or benefits provider in writing or as otherwise