

Payment Selection Form

Maxim FMS provides two payment options for DSW: Direct Deposit or Check. Please indicate your preferred method of payment below.

Print Name: _____ Social Security Number: _____

Direct Deposit <input type="checkbox"/> Enroll <input type="checkbox"/> Cancel	Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
	Routing Number: _____ Account Number: _____
	Please provide a voided check or bank documentation to confirm account and routing numbers.

Paper Check

☐ Please check this box if you prefer to receive your payment via check. Note that checks will be mailed to the address provided on your DSW application form.

I hereby authorize Maxim Healthcare Financial Management Services, LLC ("Maxim FMS") to initiate electronic credit entries and, if necessary, debit entries and/or adjustments for any credit entries made in error into the account(s) at the financial institution(s) named above. I authorize these financial institution(s) to credit these deposits to my account(s) and to debit my account(s) for any credit errors.

I understand direct deposit/Paycard is a benefit offered to me by Maxim FMS and the Employer and by signing below I acknowledge Maxim FMS and the Employer can cancel this benefit at any time without notice.

I understand it is my responsibility to verify the funds are in my account correctly prior to drawing on these funds and to notify Maxim FMS of any discrepancies within 48 hours after the scheduled pay date.

I understand it may take up to three business days for the funds to be deposited into my account.

I hereby agree to hold Maxim FMS and my Employer harmless from any errors or omissions the company may make in depositing or failing to deposit the funds to the designated account(s) resulting from incomplete or incorrect information on this Authorization Form.

I hereby hold harmless Maxim FMS and my Employer for all fees and/or charges I may incur resulting from the crediting or debiting of funds to a closed account or should I draw on these funds before verifying the deposit.

I understand it is my responsibility to immediately notify Maxim FMS should I close the account listed above.

DSW Signature: _____ Date: _____