Everyday Cash Card Direct Deposit Authorization Instructions



Everyday Cash Cards only. Payroll Cards not eligible.

Federal Government Benefit Compensation

To sign up for direct deposit of your federal benefit payments such as Social Security, SSI or VA Compensation to your Everyday Cash Card:

- Go to the U.S. Department of the Treasury website: www.godirect.org, OR
- Enroll by phone by calling the U.S. Department of the Treasury toll free at (800)333-1795

Be sure to have the following information available to complete the direct deposit process:

- Your social security number or claim number
- The 12-digit federal benefit check number
- Dollar amount of your most recent federal benefit check
- The bank routing number associated with your Everyday Cash Card
- The direct deposit account number associated with your Everyday Cash Card
- For type of account select "Checking"

Federal or State Tax Refund	
To sign up for direct deposit of your federal or state tax refunds to your Everyday Cash Card, simply provide the following information to your accountant or tax preparer to submit with your tax return:	
Bank ACH Routing Transit Number:	
Direct Deposit Account Number (To locate, log into Everyday Cash Card Online website)	:
Type of Account:	-
Payroll Compensation	
To sign up for direct deposit of your employer's payroll compensation check to your Everyday Cash Card, complete and sign this direct deposit authorization form and provide to your employer's payroll department. Employee Name:	
Employee Mailing Address: City, St	tate Zip:
Employee Phone Number:	
Employee ID: Employee Social Security Number:	
Please begin direct depositing my payroll, dividend or annuity check per the following instructions:	
☐ Total check amount	
Fixed amount each pay period of \$	
Bank ACH Routing Transit Number:	
Direct Deposit Account Number (To locate, log into Everyday Cash Card Online website):	
Type of Account:	
I authorize my employer and Umpqua Bank to automatically deposit my payroll check into the account number listed above. This authorization will remain in effect until written notice of cancellation is provided.	
Employee Signature Date	

