

Authorization for Payroll Direct Deposit

Please complete, sign and return this form along with proof of account(s) to RAS Services Inc. for processing.

Company Name _____	Location _____
Employee Name _____	Social Security Number ____-____-____

In order to direct deposit your pay check, your financial institution must be a member of the Automated Clearinghouse (ACH) system and you must be an owner on the accounts into which the funds will be deposited. We may request you provide additional information to validate account ownership.

The following section requires the designation of your pay into your accounts. This designation remains the same for each pay period; a change would require a new form. Indicate the type and the specific account information.

Type: <input type="checkbox"/> New <input type="checkbox"/> Add an additional Acct. <input type="checkbox"/> Change in amount <input type="checkbox"/> Change in Financial Institution <input type="checkbox"/> Discontinue/stop				
<u>Account 1:</u> Financial Institution Name _____	<input type="checkbox"/> Checking/Investment	<input type="checkbox"/> Net Pay or _____ %		
Routing/ABA # _____ Account # _____	<input type="checkbox"/> Savings	<input type="checkbox"/> Amount \$ _____		
Type: <input type="checkbox"/> New <input type="checkbox"/> Add an additional Acct. <input type="checkbox"/> Change in amount <input type="checkbox"/> Change in Financial Institution <input type="checkbox"/> Discontinue/stop				
<u>Account 2:</u> Financial Institution Name _____	<input type="checkbox"/> Checking/Investment	<input type="checkbox"/> Net Pay or _____ %		
Routing/ABA # _____ Account # _____	<input type="checkbox"/> Savings	<input type="checkbox"/> Amount \$ _____		
Type: <input type="checkbox"/> New <input type="checkbox"/> Add an additional Acct. <input type="checkbox"/> Change in amount <input type="checkbox"/> Change in Financial Institution <input type="checkbox"/> Discontinue/stop				
<u>Account 3:</u> Financial Institution Name _____	<input type="checkbox"/> Checking/Investment	<input type="checkbox"/> Net Pay or _____ %		
Routing/ABA # _____ Account # _____	<input type="checkbox"/> Savings	<input type="checkbox"/> Amount \$ _____		

Please attach one of the following preprinted documents as verification for account ownership and routing information:

- Preprinted check (No Starter Checks)
- Copy of a Bank Statement
- Preprinted Financial Institute Card
- Letter on Bank Letterhead

*** The Financial Institution's name, the employee's name and account number must all be preprinted on the document. Routing/ABA numbers must be included but can be handwritten.*

Incomplete or unacceptable information will delay the activation of your direct deposit. Failure to notify RAS promptly of a closed account may result in the rejection of the deposit and a delay in your pay. RAS may need to reissue your pay in another form of payment.

I hereby authorize RAS Services Inc. to direct deposit each pay period funds to my account with the financial institution indicated. All paychecks will be deposited (regular payroll, commission, bonus, vacation, per diem, etc.) In the event of an error, I authorize RAS Services Inc. the initiation of a correction (debit) entry electronically or by any other commercially accepted method RAS Services Inc. is authorized to make corrections and initiate adjustments. If any of the below information changes, I will promptly complete a new authorization agreement. I understand that a request for change is required in writing and that it may take up to 30 days before the new request is activated.

Employee Signature

Date