

Payroll Authorization Form

Employee Name:		Last Four SS#:	
Phone Number:		Dept/Program:	
Current Mailing Address:			

I hereby authorize RCIL to distribute my bi-weekly paycheck as follows (check your selection):

- Direct deposit my check (**access your statements and go paperless on <http://ipay.adp.com>**)
- Add an additional account to my existing direct deposit
- Replace my current direct deposit with a new account
- Mail my check (**contact RCIL immediately should you have an address change**)
- Stop my direct deposit and mail my check. (effective immediately)

Name of Financial Institution:			
Routing Number:			
Account Number:			
Type of Account:	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	<input type="checkbox"/> Debit Card
I wish to deposit: \$	<input type="checkbox"/> Entire Net Amount		

Name of Financial Institution:			
Routing Number:			
Account Number:			
Type of Account:	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	<input type="checkbox"/> Debit Card
I wish to deposit: \$	<input type="checkbox"/> Additional Account		

Name of Financial Institution:			
Routing Number:			
Account Number:			
Type of Account:	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	<input type="checkbox"/> Debit Card
I wish to deposit: \$	<input type="checkbox"/> Additional Account		

Please note: All direct deposits require 1 to 2 pay periods to take effect. During this time, your account will be validated, and any issues will be reported to you by our Agency. Your paycheck will be mailed to the address on file until your direct deposit has been approved.

You must attach the following documents for processing purposes: Checking accounts will require a voided check or a statement from your financial institution on letterhead containing your name and account information. Saving accounts will require a savings deposit slip with your name and account information or a statement from your financial institution on letterhead containing your name and account information. Debit Cards will require an online information statement containing your name and account information. **Your request for direct deposit cannot be processed without this documentation.**

Employee Signature:	Date:
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FOR HR USE ONLY:

Processed by:	Date:
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