



HOURLY EMPLOYEE PAYROLL AUTHORIZATION

Employee Name: _____

Date: _____

Phone Number: _____

Dept/Program _____

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

Direct Deposit my check (This will eliminate mailing of a payroll stub unless otherwise specified. You may access your pay statements at <http://ipay.adp.com>)

*Please attach: a **voided check** for checking accounts (**cannot use deposit slip for checking accounts**) or a statement from financial institution on letterhead containing typed routing and account number; or a **savings deposit slip** with routing and account number for savings accounts. **Your request cannot be processed without this documentation.***

Also note that a prenote transaction will be initiated to check the validity of the bank transit-routing number and the bank account number. Once initiated, there must be a six banking day lag before a live transaction can be completed. Therefore, Direct Deposit requires 1 to 2 pay periods in order to take effect. Paper checks will be mailed to your current address until that time.

add new
(This will be my only direct deposit account)

stop current and add new
(Replace my current direct deposit with the attached account)
(Prenote processing required)

in addition to current
(Add this as an additional direct deposit account)
(This cannot be Entire Net Amount)

1. Checking (includes Debit Cards) Savings
Financial Institution: _____

I wish to deposit: \$ _____ OR Entire Net Amount

2. Checking (includes Debit Cards) Savings
Financial Institution: _____

I wish to deposit: \$ _____

3. Checking (includes Debit Cards) Savings
Financial Institution: _____

I wish to deposit: \$ _____

Mail my check (Please remember to notify Human Resources of an address change)

Stop Direct Deposit effective immediately. Your check will be mailed to your address on file at RCIL.

Employee Signature: _____

SSN: XXX-XX-_____

**Please return to: By Mail: PO Box 210 Utica NY 13503 Attn: Human Resources or
By Fax: 315-272-2954 Attn: Human Resources**

For RCIL HR Dept. use only

Entered into ADP:
Print Name _____ Signature _____ Date _____