

# Authorization for Direct Deposits

FOR YOUR FILES ONLY

This authorizes **The RP Group, Inc.** to send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method, to my account(s) indicated below and to other accounts I identify in the future (the "Account"). This authorizes the financial institution holding the account to post all such entries.

## Account #1

Account#1 Type (e.g. Checking, Savings, Loan...)

**\* If using a checking account please submit a voided check with this form**

EMPLOYEE BANK NAME

CITY

BANK ROUTING # (ABA#)

BRANCH

STATE

ZIP

ACCOUNT #

## Account #2

Account#2 Type (e.g. Checking, Savings, Loan...)

**\* If using a checking account please submit a voided check with this form**

EMPLOYEE BANK NAME

CITY

BANK ROUTING # (ABA#)

BRANCH

STATE

ZIP

ACCOUNT #

This authorization will be in effect until the Company receives a written termination notice from myself and has a reasonable opportunity to act on it.

SIGNATURE

PRINTED NAME

EMPLOYEE ID#

DATE

**This document must be signed by employee requesting automatic deposit of paychecks, and retained on file by the employer.**