



Direct Deposit Information

NEW		CHANGE	
Employee Name (please print)			
Last	First	M.I.	
Social Security Number:			
I authorize Rinker Design Associates, P.C. to initiate direct deposit (credit) entries to my account(s) listed below and to initiate necessary correction (debit) for any credit entries in error.			
Financial Institution:			
Transit (ABA) Number:			
Account Number:	Checking:	Savings:	
Fixed \$:			
Cancel this Bank Account:			
Balance:			
Financial Institution:			
Transit (ABA) Number:			
Account Number:	Checking:	Savings:	
Fixed \$:			
Cancel this Bank Account:			
Balance:			
This authority is to remain in full force and effect until Rinker Design Associates, P.C. has received written notification from me of its cancellation in such time and in such manner as to allow Rinker Design Associates, P.C. a reasonable time to act on it.			
Employee Signature		Employee Number	Date

PLEASE NOTE:

- Call your Financial Institution(s) to verify:
- 1) Transit (ABA) number for your financial institution(s)
 - 2) Correct account number for direct deposit.

Staple Void Check OR Deposit Slip HERE