



RICHMAR ASSOCIATES INC
STAFFING WITH QUALITY SINCE 1977

DIRECT DEPOSIT FORM

All employees are welcome to sign up for Automatic Deposit of their paychecks. This service is available to you no matter where you do your banking. If you would like to take advantage of this service, attach a voided check and circle your account number.

IMPORTANT: PLEASE READ BEFORE COMPLETING, SIGNING AND SUBMITTING!

I hereby authorize my employer, Richmar Associates Inc, (hereinafter "Company") to deposit any amount owed to me by initiating entries to my accounts at the financial institutions (hereafter referred to as "Bank") indicated on this form. Furthermore, I authorize bank to accept and to credit any credit entries indicated by the Company to my account. In the event that Company deposits funds in error into my account, I authorize Company to debit my account for an amount not to exceed the original amount of the error.

This authorization is to remain in full force and in effect until Company and Bank have received written notice from me of its termination in such time and in such manner as to afford Company and Bank reasonable opportunity to act on it.

I do want direct deposit: YES NO (If YES, complete ACCOUNT INFORMATION)

Signature: _____ Date: _____

Name: _____ SS#: _____ - _____ - _____

Please provide the e-mail address you would like your e-stub sent:

Email Address: _____

Check here if you would like to Opt out of receiving E-stub and receive a deposit stub by mail.

ACCOUNT INFORMATION:

You may choose to divide the amount owed between a checking and savings account as long as the accounts are with the same bank.

1. Bank Name/City State: _____

Routing/Transit#: _____ Account# _____

Checking Savings I wish to deposit \$ _____ . _____ or Entire Net Amount

2. Bank Name/City State: _____

Routing/Transit#: _____ Account# _____

Checking Savings I wish to deposit \$ _____ . _____ or Entire Net Amount
