

RAHMING, HANCOCK, GRAHAM & ASSOCIATES LLC

Direct Deposit Signup/Change Form

WORKER – REQUIRED INFORMATION
Worker Name _____
Last four digits of Social Security Number _____

WORKERS: Retain a copy of this form for your records. Return the original to your employer.

EMPLOYERS: Return this form to your local VPS (Victory Payroll Services) office.

COMPLETE TO ENROLL OR CHANGE ENROLLMENT IN DIRECT DEPOSIT – PLEASE PRINT IN BLACK INK ONLY				
Bank Account & Routing Numbers*	Type of Account	Bank Name	Deposit Type (Check one)	Change My Deposit Amount to:
Bank Acct # _____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings		<input type="checkbox"/> Remainder of Net Pay	<input type="checkbox"/> Remainder of Net Pay
Routing # _____	<input type="checkbox"/> Intuit Pay Card <input type="checkbox"/> Other Card	If Intuit or other Pay Card, fill out attached application.	<input type="checkbox"/> _____% of Net	<input type="checkbox"/> _____% of Net <input type="checkbox"/> Remove from Direct Deposit
Bank Acct # _____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings		<input type="checkbox"/> Remainder of Net Pay	<input type="checkbox"/> Remainder of Net Pay
Routing # _____	<input type="checkbox"/> Intuit Pay Card <input type="checkbox"/> Other Card	If Intuit Pay Card, fill out attached application.	<input type="checkbox"/> _____% of Net	<input type="checkbox"/> _____% of Net <input type="checkbox"/> Remove from Direct Deposit

Please attach one of the following for Checking or Savings accounts (check one):

- Voided check with name imprinted (no starter checks)
- Deposit slip (only accepted if the verbiage "ACH R/T" appears before the routing number)
- Bank letter or specification sheet (the signature of your local bank representative **MUST** be included)

*Certain accounts may have restrictions on deposits and withdrawals. Check with your bank for more information specific to your account.

WORKER CONFIRMATION STATEMENT

PLEASE PRINT IN BLACK INK ONLY

I authorize my employer to deposit my wages/salary into the bank accounts specified above. My signature below indicates that I am agreeing that I am either the accountholder or have the authority of the account holder to authorize my employer to make direct deposits into the named account.

Worker Signature _____ Date _____

Accountholder Signature _____

(If worker's name does not appear on bank documentation)

EMPLOYER SECTION ONLY

PLEASE PRINT IN BLACK INK ONLY

Company Name _____

Service Location/Client Number _____

Federal ID Number (Last 4 digits) _____

If bank documentation provided is different from what is listed above, the following must be completed by the employer:
I confirm that the above named employee has added or changed a bank account for direct deposit transactions processed by Victory Payroll Services.

Employer Signature _____ Date _____

RHGA Use ONLY	
Processor _____	Date _____
Verified By _____	Date _____