



EMPLOYEE AUTHORIZATION AGREEMENT FOR PAYROLL DIRECT DEPOSITS

THE BUSINESS WILL NOT PROCESS THIS FORM WITHOUT:

- All fields completed!
- A VOIDED check attached to this form. DEPOSIT SLIPS WILL NOT BE ACCEPTED!
(If a voided check is not available please attach a bank-issued direct deposit form).

RESTAURANT NAME _____

Bank Name _____

Routing Transit Number _____ Account Number _____

Is this account for: (please check one) Checking Savings

Is this form to CHANGE your current payroll direct deposit bank account? YES NO

Please allow 2 payroll periods for this Direct Deposit to become active

I hereby authorize Restaurant Accounting Services, Inc. to initiate debit/credit entries to my checking/savings account indicated above at the depository financial institution (bank) named above, hereinafter called DEPOSITORY, and to debit/credit same to such account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of the applicable laws.

This authorization is to remain in full force and effective until Restaurant Accounting Services, Inc. has received notification of its termination in such time and in such manner as to afford Restaurant Accounting Services, Inc. and DEPOSITORY (bank) a reasonable opportunity to act on it.

Last 4 Digits of Social Security Number (for verification purposes) _____

Name (please print) _____

Signature _____ Date _____

Manager Initials for Approval _____

ATTACH CHECK HERE FOR FAXING -

