



RenderHR LLC

Payroll/Human Resource Service

Employee Direct Deposit Form

Employee Name _____

Last 4 Digits of SSN _____

Employer Name _____

Employee ID _____

This authorizes RENDER HR LLC (the company) to send credit entries (and appropriate debt and adjustment entries), electronically or by any other commercially accepted method, to my (our) account(s) indicated below and to other accounts I (we) identify in the future (the account). This authorized the financial institution holding the account to post all such entries.

Account Type (check one)	Bank Name	Routing Number	Account Number	Amount to be deposited (check one)
<input type="checkbox"/> Checking <input type="checkbox"/> Savings				<input type="checkbox"/> Full Net <input type="checkbox"/> Partial - Amount \$ _____ _____ %
<input type="checkbox"/> Checking <input type="checkbox"/> Savings				<input type="checkbox"/> Full Net <input type="checkbox"/> Partial - Amount \$ _____ _____ %
<input type="checkbox"/> Checking <input type="checkbox"/> Savings				<input type="checkbox"/> Full Net <input type="checkbox"/> Partial - Amount \$ _____ _____ %

ATTACH VOIDED CHECK
HERE

Please attach a voided check for each account here. 1 2 3 4

DATE _____

PAY TO THE ORDER OF _____ \$

_____ DOLLARS

VOID

1 2 3 4 5 6 7 8 9
 1 2 3 4 5 6 7 8 9 1 0 1
 1 2 3 4

Routing Number Bank Account Number

ATTACH VOIDED CHECK
HERE

Authorization Statement:

By signing the Direct Deposit Authorization form below you are agreeing to the following: This authorization will be in effect until the Company receives a written termination from myself and has a reasonable opportunity to act on it. I authorize my employer and the bank listed above to deposit my net pay or portion thereof as indicated into my account each pay date. If funds to which I authorize am not entitled are deposited to my account, I authorize my employer to direct the bank to return said funds to my employer. I understand that my deposit may not be credited to my account until midnight on the pay date indicated on the check voucher. I understand that it is my responsibility to ensure that my wages are being deposited correctly into my account each pay date. I understand that each new account will go through a pre-notification process that may take two payroll periods to complete.

Employee Signature _____

Date _____