



Authorization Agreement for Direct Deposits

Please fill out this form if you wish to have Direct Deposit set up with RMI. No verbal requests are allowed. Please ensure you already have the account set up with your financial institution prior to submitting this request form.

Employee Name: _____ Phone Number: (____) ____ - _____

Employee Address: _____ City: _____ Zip: _____

Direct Deposit set up information:

1. Name of Bank: _____

2. Routing/TBA Number (9 digits): _____

3. Account Number: _____

4. Account Type: Checking Account Savings Account Prepaid Card:

If you chose Prepaid Card, is it considered:
 Checking Account or Savings Account

5. Amount to deposit each pay period: Entire paycheck **Amount each payroll: \$_____

** If this is a secondary deposit, remaining amount will be deposited to your primary deposit account

6. Check here if we need to cancel an existing direct deposit set up with RMI and replace it with new account provided above.

7. Please attach a Voided Check or Letter from bank.

We will be unable to process the request without this attachment.

8. Please provide this form along with attachment to your Manager or RMI Payroll Dept. You may also send via fax to (562) 630-0072 or mail to RMI International, Attn: Payroll Department, 8125 Somerset Blvd, Paramount, CA 90723. Please note that it may take up to three pay periods until the direct deposit request has been completed.

I hereby authorize RMI International to automatically deposit funds or cancel direct deposit for the account(s) listed above.

Employee Signature

Date