



# RMS ISA Direct Deposit Form

Your Name:	Employee Number:
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This form will be used to set up direct deposit of your paycheck to the financial institution and bank account type (checking/savings) of your choice. If you are a new hire please complete this form and include with other completed forms. If you are filling this out because you have decided to set up direct deposit after you were initially hired, please return this form and the voided check to Payroll.

*Please attach a voided deposit slip to this form. We must have the Routing/ABA number in order to process the direct deposit. If you are not sure what this number is, please contact your financial institution. If you have any questions, please contact your Payroll Specialist.*

<b>Financial Institution No. 1</b>	Name		
<b>Branch Location</b>			
<b>City/State/Zip Code</b>			
<b>Routing ABA Number</b>	Routing Number		
			
<input type="checkbox"/> <b>Savings Account</b> Select either a dollar amount or your entire check	Account Number	Flat Dollar Amount	Entire Check
<input type="checkbox"/> <b>Checking Account</b> Select either a dollar amount or your entire check	Account Number	Flat Dollar Amount	Entire Check

<b>Financial Institution No. 2</b>	Name		
<b>Branch Location</b>			
<b>City/State/Zip Code</b>			
<b>Routing ABA Number</b>	Routing Number		
			
<input type="checkbox"/> <b>Savings Account</b> Select either a dollar amount or your entire check	Account Number	Flat Dollar Amount	Entire Check
<input type="checkbox"/> <b>Checking Account</b> Select either a dollar amount or your entire check	Account Number	Flat Dollar Amount	Entire Check

I hereby authorize Carrix, Inc. to initiate credit entries and initiate, if necessary, debit entries and adjustments for any credit entries in error to my Checking ( ) Savings ( ) account indicated above and the depository named above, hereinafter called DEPOSITORY, to credit and/or debit the same such account. This authority is to remain in full force and effect until Carrix, Inc. has received written notification from me of its termination in such time and in such manner as to afford Carrix, Inc. and DEPOSITORY a reasonable opportunity to act on it.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Terms and Conditions**

You must inform the Payroll Department of any account number or bank changes pertaining to your direct deposit, or a fee of \$2.50 plus any additional bank charges will be deducted from your next payroll check. In the event of a change to your account, please complete a Deposit Change Form which is available from the Payroll Department or if you have access, Intersect, SSA's intranet site. There is a limit of two (2) direct deposits per employee. These may be any type of accounts. It takes approximately one month for a new direct deposit to become effective.