

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Date: \_\_\_\_\_



# Right On The Money LLC

## Direct Deposit Enrollment/Change Authorization

Bank Account #1

Bank Name: \_\_\_\_\_  Checking  Savings

Routing Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Account Number: \_\_\_\_\_

Deposit instructions:  balance of net pay into this account

% of net pay into this account  specific dollar amount into this account

Bank Account #2

Bank Name: \_\_\_\_\_  Checking  Savings

Routing Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Account Number: \_\_\_\_\_

Deposit instructions:  balance of net pay into this account

% of net pay into this account  specific dollar amount into this account

Please initial each section and sign below.

\_\_\_\_\_ I authorize Right On The Money, LLC on behalf of my employer to deposit my earnings into the bank account specified above and, if necessary, to electronically debit my account to correct erroneous entries. I am either the account holder or I have the agreement of the account holder to allow these transactions.

\_\_\_\_\_ **I am attaching a voided check or statement from my bank** verifying the correct routing and account numbers to be used in these transactions. I understand that if I provide incorrect or incomplete information, my direct deposit may be delayed and a fee of \$35 will be imposed **on my employer** for any notices of correction.

\_\_\_\_\_ I understand that it is my responsibility to verify that funds have been deposited into my account each pay period before attempting to draw against these funds. I understand that neither my employer nor Right On The Money, LLC is responsible for any bank errors or bank fees associated with these transfers.

\_\_\_\_\_

\_\_\_\_\_

Employee Signature

Email address

\_\_\_\_\_

\_\_\_\_\_

Employer Signature

Date