

**CHANGE IN EMPLOYER BANK ACCOUNT:**



**HOUSEHOLD EMPLOYER CONTACT INFORMATION:**

Mr. First Name  M.I.  Last Name  Date of Birth   
 Mrs.    Social Security Number   
 Ms.     
 Address where work will be performed  Apt.  City  State  Zip Code   
 Home Phone  Cell Phone  Email Address

**EMPLOYER BANK ACCOUNT INFORMATION:**

Bank Routing Number (9 Digits):

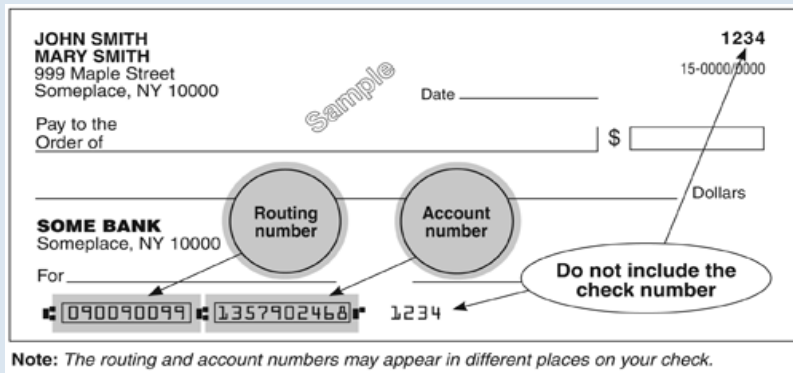
Bank Account Number:

**Please attach a voided copy of check with paperwork submission.**

**IMPORTANT NOTE:**

In order to validate this account, we will be required to run a test transaction through this account that will need to be validated. We will discuss the details and timing of this when we have completed the electronic enrollment component of the employer set-up process.

Check One Box:  
 Checking Account  
 Savings Account



**ELECTRONIC FUNDS AUTHORIZATION:**

I hereby authorize Redlig Financial Services Inc. to initiate electronic funds transfer on my behalf for payroll services using the bank account information provided above. In addition, I agree to to fund the account in full on or before the funding deadlines in order to ensure that there are funds available for the payroll. Redlig Financial Services Inc. does not assume any responsibility and will not pay any fees and or bank charges/penalties that occur as a result of insufficient funds in the employer account.

**In addition, please contact your bank if you have an ACH debit block on your account to prevent unauthorized debits. Your bank may not have notified you that you have a debit block on the account and failure to provide this information to your bank may result in payments being rejected.**

X \_\_\_\_\_  
 Authorized Signature Date Printed Name

If signatory is someone other than the employer, please provide relationship and authorization: \_\_\_\_\_