## **BANK ACCOUNT CHANGE FORM:**



	Date of Birth
CONTACT INFORMATION (COMPLETE ALL FIELDS):	Sate of Birth
Mr. First Name M.I. Last Name	Social Security Number
Mrs.	
Ms.	
Address where work will be performed Apt. City	State Zip Code
Home Phone Cell Phone Email Address	5
BANK ACCOUNT INFORMATION:	
Bank Routing Number (9 Digits):	
Bank Account Number:	
Please attach a voided copy of check with paperw	ork submission.
IMPORTANT NOTE:	4004
JOHN SMITH MARY SMITH	1234 15-0000/0000
In order to validate this account, we 999 Maple Street Someplace, NY 10000	
will be required to run a test transaction	
through this account that will need to be Order of	\$
validated. We will discuss the details and	
timing of this when we have completed  Routing  Account	
the electronic enrollment component SOME BANK number number	umber /
of the employer set-up process.  Do not include the	
Check One Box:   © 090090099	check number
Checking Account  Note: The routing and account numbers may appear	in different places on your check.
Savings Account	
ELECTRONIC FUNDS AUTHORIZATION:	
ELECTRONIC FORDS AGTHORIZATION.	
I hereby authorize Redlig Financial Services Inc. to initiate electronic funds transfer to the bank account information	
listed above.	
In addition, please ensure there is no ACH block on your account t. 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.	
. ojeoteu.	
X	
Authorized Signature Date Printed	Name
If signatory is someone other than the account holder,	
please provide relationship and authorization:	