

BANK ACCOUNT CHANGE FORM:



CONTACT INFORMATION (COMPLETE ALL FIELDS):

<input type="radio"/> Mr.	First Name	M.I.	Last Name	Date of Birth		
<input type="radio"/> Mrs.						
<input type="radio"/> Ms.						
Address where work will be performed			Apt.	City	State	Zip Code
Home Phone		Cell Phone		Email Address		

BANK ACCOUNT INFORMATION:

Bank Routing Number (9 Digits):

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Bank Account Number:

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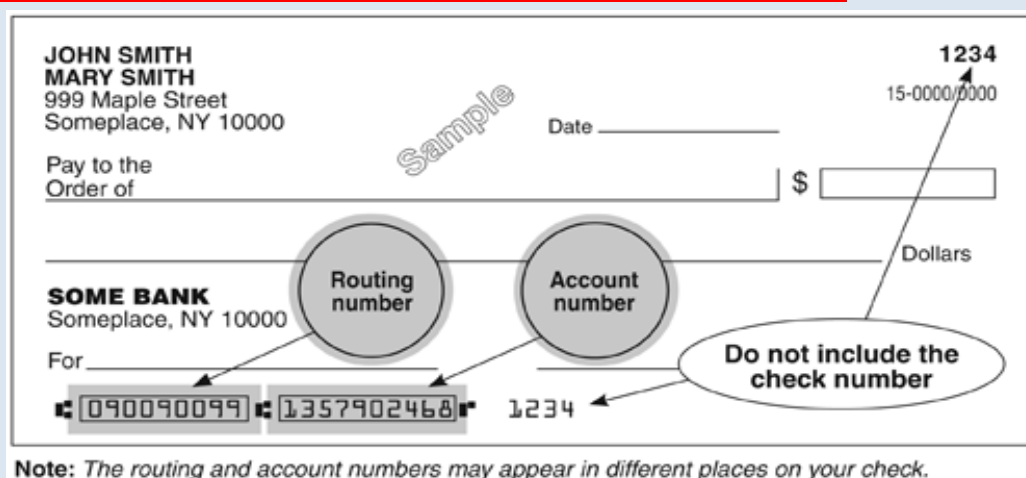
Please attach a voided copy of check with paperwork submission.

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:

<input type="checkbox"/>	Checking Account
<input type="checkbox"/>	Savings Account



ELECTRONIC FUNDS AUTHORIZATION:

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.

X _____
Authorized Signature Date Printed Name

If signatory is someone other than the account holder,
please provide relationship and authorization: _____