



Direct Deposit Request

I authorize Reliable Contracting Co., Inc. to initiate electronic credit entries and, if necessary, adjustments for any credit entries made in error to my financial institution listed below:

Employee # _____

PLEASE PRINT

First and Last Name _____

Social Sec # _____

Street Address _____

City _____ State _____ Zip _____

Day time phone _____

*****PLEASE attach a voided CHECK or Bank Form to verify account numbers*****

<input type="checkbox"/> Start	<input type="checkbox"/> Add	<input type="checkbox"/> Change	<input type="checkbox"/> Cancel
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Bank / Credit Union Name _____

Transit Routing Number (9 digit number) _____

Account Number _____

Dollar Amount \$ _____ or _____ %

Checking _____ or Savings _____

Bank / Credit Union Name _____

Transit Routing Number (9 digit number) _____

Account Number _____

Dollar Amount \$ _____ or _____ %

Checking _____ or Savings _____

Signature _____ **Date** _____

IMPORTANT: Your deposits must equal 100%. If you have more than one account you may choose a specific \$ amount to be deposited to one account with 100% of the balance going to another account. Please contact the office with any questions.

If you have more than 2 accounts please add a second sheet.

If you have more than 2 accounts:

Employee # _____

PLEASE PRINT

First and Last Name _____

Social Sec # _____

PLEASE attach a voided CHECK or Bank Form to verify account numbers.

Bank / Credit Union Name _____

Transit Routing Number (9 digit number) _____

Account Number _____

Dollar Amount \$ _____ or _____ %

Checking _____ or Savings _____

Bank / Credit Union Name _____

Transit Routing Number (9 digit number) _____

Account Number _____

Dollar Amount \$ _____ or _____ %

Checking _____ or Savings _____

Bank / Credit Union Name _____

Transit Routing Number (9 digit number) _____

Account Number _____

Dollar Amount \$ _____ or _____ %

Checking _____ or Savings _____

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