



DCJS 11-3291 88-1317

Corporate Office / Eastern Region Event Ops.

8247 Meadowbridge Road  
Mechanicsville, Virginia 23116  
Phone: 804.353.7621  
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Western Region Event Operations

943 Glenwood Station Lane, Suite 104  
Charlottesville, Virginia 22901  
Phone: 434.984.7622  
Fax: 434.984.2689

UVA Ambassador Operations

1413 University Avenue  
Charlottesville, Virginia 22903  
Phone: 434.984.7622 x406  
Fax: 434.984.2689

**Employee must complete Sections 1, 2, 3, 4, & 5 and return this form to the Payroll Department.**

**In Section 5, attach a voided check from your bank. (Neither a temporary check nor a deposit slip is acceptable.)**

**Section 1**

FULL LEGAL NAME: \_\_\_\_\_

SOCIAL SECURITY NO.: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ (This is where your pay statement will be sent.)

WORK REGION: \_\_\_\_\_

NAME OF YOUR FINANCIAL INSTITUTION: \_\_\_\_\_

**Section 2 Must check ONE box for transaction type:**

- New Enrollment** (Select this if you do **not** currently have direct deposit and desire to begin.)
- Direct Deposit Change:** Discontinue direct deposit into existing account immediately. Implement direct deposit into new account. (Select this action if you currently have direct deposit and want to change the deposit account. See explanation under "Changes to Direct Deposit Information on other side.)
- Discontinue My Direct Deposit**

**Section 3 Must check ONE account type:**

- Checking Account
- Savings Account

**Section 4** I authorize RMC Events, Inc., and the financial institution listed to deposit my net pay automatically to my account each pay period. I understand that if corrections in the net pay amount are necessary, it may involve an adjustment (credit or debit) to my account. This authorization will remain in effect until I notify the Payroll Department in writing that I no longer desire this service.

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

**Section 5**

**ATTACH VOIDED CHECK HERE**

**(Neither a temporary check nor a deposit slip is acceptable.)**

For savings account, see "Savings Account" on the back of this form.



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INFORMATION ABOUT DIRECT DEPOSIT FOR EMPLOYEES

**ELIGIBILITY REQUIREMENTS**

All employees are eligible for direct deposit.

**ENROLLMENT**

ALL RMC Events employees are offered the option of participating in the direct deposit program at any time. Direct deposit of net pay will normally be effective beginning with the second pay period following the enrollment date.

**CANCELING DIRECT DEPOSIT**

Notification to cancel direct deposit must be received at least ten working days prior to the pay date. A check for wages will begin for employees choosing to cancel direct deposit within ten days.

**HOW DIRECT DEPOSIT WORKS**

The employee's net pay for the pay period is automatically deposited at the employee's bank. Employees using direct deposit will receive a statement on payday via email which shows all deductions and the net pay amount that was automatically deposited into their account. A voided check must be provided if the direct deposit is to be made to a checking account. Neither a temporary check nor a deposit slip will be accepted.

**CHANGES TO DIRECT DEPOSIT INFORMATION**

If the employee wishes to change bank accounts, a new authorization agreement must be filled out by the employee. A voided check must be attached to the new agreement. Neither a temporary check nor a deposit slip will be accepted.

The employee may select direct deposit change in Section 2 for the following action:

Discontinue direct deposit into existing account immediately. Implement direct deposit into new account. *(If you select this action, you will receive a regular paycheck until the new direct deposit becomes effective.)*

**SAVINGS ACCOUNT**

If the direct deposit is to be made to a savings account, a letter from the savings bank showing the bank routing number and the employee's account number is required

**RETURNED ACH FEES**

If an ACH is returned due to invalid account information provided by the employee or failure to notify RMC of account closure, there will be a \$20.00 fee assessed on the replacement paycheck.

**FOR PAYROLL DEPARTMENT USE ONLY**

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

Effective Date: \_\_\_\_\_  
*(2 pay periods from date processed)*

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

Account Number: Bank transit/ABA number \_ \_ \_ \_ \_

Check only one:  CHECKING \_\_\_\_\_

SAVINGS \_\_\_\_\_