

RIPE FOR HARVEST EMPLOYEE DIRECT DEPOSIT AUTHORIZATION

In order to provide you with direct deposit of your paychecks, we must have a completed and signed original of this form.

<input type="checkbox"/> New Employee
<input type="checkbox"/> Change Bank Account Effective Date _____ Please allow up to 10 banking days for processing.

Employer: **RIPE FOR HARVEST**

Employee _____

Checking Account Savings Account*

Attach **Voided Check** Here

DEPOSIT SLIPS ARE NOT ADEQUATE

* If the bank account you wish to have your paychecks deposited into is a **SAVING ACCOUNT**, we **must** have the Routing Number and Account Number on your Financial Institution's letter-head. Your bank should furnish this to you if you make your request in person.

I hereby authorize Ripe For Harvest, VisionQuest Alliance and its agents, including financial institutions, to initiate electronic credit entries and, if necessary, debit entries and adjustments for any credit entries resulting from a payroll payment error to my checking or savings account listed above and to collect appropriate fees and charges. I understand that this authorization shall remain in effect until I have canceled it in writing.

Signature

Date

Mail to: Ripe for Harvest P.O. Box 41813 Eugene, Oregon 97404	-- OR --	Scan to: rfhgregg@gmail.com
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