



### HOURLY EMPLOYEE PAYROLL AUTHORIZATION

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_

I hereby authorize RCIL to distribute my bi-weekly paycheck as follows:

Select One:

Mail my check (Please remember to notify HR of an address change)

Hold my check for pick-up at 409 Columbia Street, Utica NY 13503.  
Pickup Times: 8:30-4:30pm, Location: 3<sup>rd</sup> Floor Finance Department.

Direct Deposit my check

Please attach: a **voided check** for checking accounts (cannot use deposit slip for checking accounts) OR a **savings deposit slip** for savings accounts.

**Your request cannot be processed without this documentation.**

Also note that a prenote transaction will be initiated to check the validity of the bank transit-routing number and the bank account number. Once initiated, there must be a six banking day lag before a live transaction can be completed. Therefore Direct Deposit requires 1 to 2 pay periods in order to take effect. Paper checks will be mailed to your address of record until that time.

add new       stop current and add new       in addition to current  
(cannot be Entire Net Amount)

1.       Checking     Savings

Financial Institution: \_\_\_\_\_

I wish to deposit: \$ \_\_\_\_\_ OR       Entire Net Amount

2.       Checking     Savings

Financial Institution: \_\_\_\_\_

I wish to deposit: \$ \_\_\_\_\_ OR

3.       Checking     Savings

Financial Institution: \_\_\_\_\_

I wish to deposit: \$ \_\_\_\_\_ OR

Stop Direct Deposit effective immediately, and distribute my paycheck as follows:

mail my check       hold my check for pick-up at 409 Columbia Street, Utica NY 13503



Please deduct a donation of \$ \_\_\_\_\_ on a bi-weekly basis to support the United Way.

Employee Signature: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Please return to:  
**By Mail: PO Box 210 Utica NY 13503 Attn: Human Resources**  
**or Fax: 315-797-4747 Attn: Human Resources**