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.

[ ] New Employee
[ ] Change Bank Account Effective Date ___________________________

Please allow up to 10 banking days for processing.

Employer: **RIPE FOR HARVEST**

Employee _________________________________________________________________

[ ] Checking Account  [ ] Savings Account*

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.

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 letterhead. Your bank should furnish this to you if you make your request in person.

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_________________________  _______________________
Signature                    Date

Please scan and email to: rfhgregg@gmail.com

Or you may mail to:
Ripe for Harvest
P.O. Box41813
Eugene, OR 97404