



**Chipton-Ross** Nevada  
 3910 E 7th St., Long Beach, CA 90804  
 Phone: 310-356-2880 Fax: 310-356-2862  
 Web: <https://www.chiptonrossnevada.com>

# Direct Deposit Authorization Form

rev 2141701D

LAST NAME	FIRST NAME	MIDDLE INITIAL	LAST 4 Social Sec.
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## DIRECT DEPOSIT OPTIONS

<b>START</b>	Allow (2) two pay periods for processing. Verify your first direct deposit with a customer service representative at your bank.
<b>CHANGE</b>	Allow (2) two pay periods for processing. On the first payday, you will receive a check. Your paycheck will be direct deposited to your account on the second payday after your request. Verify your first deposit with a customer service representative at your bank.
<b>STOP</b>	Allow (1) week for changes to take affect from the date form is submitted.

## BANK INFORMATION

<b>REQUIRED</b>	Bank Name	Account Type Checking Savings
	Routing / Transit Number	Account Number
		<u>DEPOSIT AMOUNT</u> <b>BALANCE</b>

<b>OPTIONAL</b>	Bank Name	Account Type Checking Savings
	Routing / Transit Number	Account Number
		Fixed Deposit Amount

## AUTHORIZATION

I authorize Chipton-Ross, Inc., Nevada (CRNV) to transfer the full amount of my salary, after applicable deductions, to the financial institution named above for deposit to my account. I understand that if I close my bank account, I will not receive a salary payment until my financial institution returns the funds to CRNV. This authorization remains in effect until I notify CRNV in writing.

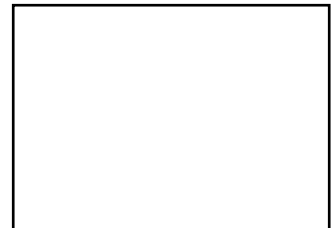
**\*\*\*PLEASE ATTACH A VOIDED CHECK\*\*\***

Employee Signature: \_\_\_\_\_

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

## HELPFUL INFORMATION

Below is a sample check MICR line, detailing where the information necessary to complete this form can be found.



FOR PAYROLL USE ONLY
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Submit Completed Form & Voided Check to: [crnv@chiptonross.com](mailto:crnv@chiptonross.com) or fax: 310-356-2862