

Fill out the below information to authorize an automatic deposit. Then, return the completed form with a **voided check** to ROYAL SAVII's Accounting Department. Once received, it can take up to 15 business days for your automatic deposit to become effective.



COMPLETE TO ENROLL / ADD / CHANGE BANK ACCOUNTS – PLEASE PRINT CLEARLY IN BLACK/BLUE INK ONLY

<input type="checkbox"/> Add New	<input type="checkbox"/> Update existing account	<input type="checkbox"/> Replace existing account	Last 4 digits of the existing count number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------------------	--	---	--	----------------------	----------------------	----------------------	----------------------

Company Name _____

Employee/worker Name & Employee/Worker Number _____

Employee/Worker Name: Retain a copy of this form for your records. Return the Original to your employer/company

Employer/Company: Please retain a copy of this document for your records.

Company Name:		Federal Tax ID/SS#:	
Phone Number:		E-Mail:	
Remit payment to different beneficiary than listed above (i.e., factoring company):			
Street Address Line1:		Contact :	
Line 2:		Contact Phone Number:	
City:	State/Province:	Country:	Postal Code:

Deposit/Account Information

Beneficiary Account Name:		Type of Account(Select One)	
		<input type="checkbox"/> Checking <input type="checkbox"/> Saving	
Beneficiary Account Number(DDA)		Routing(ABA) Number:	
Banking Institution's Name:		Banking Institution Phone Numbers:	
Banking Institution's Physical Address:			
City	State/Province:	Country	Postal Code:

Employee Authorization

I, _____ hereby voluntarily authorize ROYAL SAVII, LLC (hereafter, "Employer"), either directly or through its payroll service provider, to deposit any amounts owed me, initiating credit entries to my account(s) at the financial institution (s) of my choice (hereafter "Bank") indicated on this form.

If funds to which I am not entitled are deposited erroneously into this account(s), I authorize ROYAL SAVII, either directly or through its payroll service provider, to direct the banking institution to return said funds. This authority remains in effect until I have cancelled it in writing.

Legal Name _____
(Last Name, First Name, Middle)

Signature: _____ Date _____

Options for submission of this form. Select one of the following methods:

- 1 Email to royalsavii2021@gmail.com
- 2 Mail hard copy of request with relevant attachments to: ROYAL SAVII, LLC
(Attention: Accounting, 2904 E. Stan Schlueter Loop, Unit 72 Killeen, Texas 76542.)
- 3 Fax completed request with relevant attachments to 888.316.8146