MEMORANDUM

To:	APSupport@russellreynolds.com			
From:				
Date:				
RE:	Direct D	Direct Deposit for Employee Expense Reimbursements		
I understand into my bank			e deposited electronically directly	
Please check	one:			
☐ New Employee		☐ Change bank information If you change banks, it is necessary for you to fill out this form again so that we can update your file.		
Account Typ	'	Checking: \square	Savings: □	
Bank Transi		Number:		
Bank Accou	nt Numbe	er:		
Bank Addre	ss:	_		
Please attach	na VOID ed	d check or deposit slip for	this account	
Signature				
Print Name:	·			
Date:				

