



Employee Information for Direct Deposit

Employee Name: _____

Social Security No: _____

Bank Name: _____

Bank Routing Number: _____

Bank Account Number: _____

Type of Account: checking savings

Employee signature _____ Date _____

YOU MUST ATTACH A VOIDED CHECK

Mail to:
Right Brain Resource
1101 SE Salmon St.
Portland, OR 97214
Fax: 503-233-8105
Or e-mail to: info@rightbrainresource.com

