

EMPLOYEE INFORMATION CHANGES

For changes to employees personal information

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SECTION I: Current Employee Information

Last Name (Legal):	First Name (Legal):	Middle:	Personnel ID:
Address:			City:
State:	Zip:	Home Phone:	Cell Phone:

New Employee Information

New Legal Last Name: (if applicable – provide copy of Social Security card)		
New Address:	New State:	New Zip:
New Home Phone:	New Cell Phone:	

New Emergency Contact Information

Contact's Last Name:	Contact's First Name:	Relationship:	
Address:	City:	State:	Zip Code:
Home Phone:	Work Phone:	Cell Phone:	

SECTION II: Change Full Net Account – This main account will be used for all net salary/wages not designated to any other account

Bank Name:	
Account is held in the name of:	
Bank Routing Number (or attach copy of a voided check):	Account Number:
Type of Account: (please check) <input type="checkbox"/> Checking <input type="checkbox"/> Savings	

SECTION III: Change/Add Other Bank Account – Fixed amount deposit

Type of Alteration: (please check) <input type="checkbox"/> Add New Account <input type="checkbox"/> Change Amount deposited <input type="checkbox"/> Delete this Account			
Bank Name:			
Account is held in the name of:			
Bank Routing Number (or attach copy of a voided check):	Account Number:		
Type of Account: (please check) <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Amount deposited per pay period: \$		

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Bank Name:		
Account is held in the name of:		
Bank Routing Number (or attach copy of a voided check):	Account Number:	
Type of Account: (please check) <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Amount deposited per pay period: \$	
<p style="text-align: center;">AUTHORIZATION AGREEMENT (Important – Read Carefully)</p> <p>I hereby authorize Rio Tinto Shared Services, or any of its subsidiaries, hereinafter called the COMPANY, to initiate deposit entries to the account(s) at the financial institution indicated above in the amounts I have indicated.</p> <p>I hereby authorize the COMPANY, to withdraw or correct any amounts deposited to such account(s) in error, without prior notice to me. I will reimburse in full, upon demand, any incorrect deposits into my account which are not recovered by the COMPANY.</p> <p>I understand that the actual deposit of the funds to my account will be the responsibility of the financial institution. I understand I will <u>not</u> write checks against my account until I am certain my funds are available and that any charges levied by the financial institution will be my responsibility.</p> <p>I understand that I must immediately notify the COMPANY of any accounts that I close to avoid the possible delay of funds. This authority is to remain in full force and effect until the COMPANY has received another completed Direct Deposit Authorization Form indicating a change. The COMPANY must be given reasonable time to act upon such notification.</p> <p>Contact the Payroll Department if you have any questions. 801-363-4357 – select option 2 or 888-448-3375 – select option 2</p>		
REQUIRED SIGNATURE:		
Employee Name:	Signature:	Date: