



Direct Deposit Authorization Form

New

Change

Reactivation

Employee Name: _____
First MI Last

Contact Number: _____ Social Security Number: _____

Please check only one of the following:

I hereby authorize Tri-Starr/Techforce to deposit my pay directly into the following account(s) and to initiate (if necessary) entries and/or adjustments for any payroll errors to my account:

CHECKING ACCOUNT

Account # _____

Routing # _____

SAVINGS ACCOUNT

Account # _____

Routing # _____

OR

I would like to have my pay deposited to Cash Debit Card

Accounting # _____

Routing # _____

To ensure that my account is properly credited, I have attached a:

- Pre-printed voided check from the checking account. (Cannot be a Deposit Slip).
- A letter from my financial institution that includes the account and routing number where my net pay will be deposited.
- A copy of my Cash/Debit Card Direct Deposit form that includes the Account and Routing #.

****Funds will be available on Fridays. Please check your account before making any transactions!****

I agree that this authorization will remain in effect until I provide written notification to the payroll department terminating this authorization.

Signature

Date

