

Direct Deposit Authorization Form

To: Turn-Key Tunneling, Inc.

I authorize you to electronically deposit my pay as directed to my account(s) listed below:

NOTE: Funds can be deposited into one account or split between accounts as a set percent or dollar amount.

DIRECT DEPOSIT #1: <input type="checkbox"/> Checking <input type="checkbox"/> Savings BankName: _____ (Attach a voided Bank Check or pre-printed Savings Withdrawal Ticket to help ensure accuracy)
Account Number: _____ ABA/Routing Number: _____ <small>(first 9 digits located at the bottom left corner of your checks or withdrawal tickets)</small>
Deposit Amount: _____ % OR \$ _____ (flat amount) OR <input type="checkbox"/> Remaining

DIRECT DEPOSIT #2: <input type="checkbox"/> Checking <input type="checkbox"/> Savings BankName: _____ (Attach a voided Bank Check or pre-printed Savings Withdrawal Ticket to help ensure accuracy)
Account Number: _____ ABA/Routing Number: _____ <small>(first 9 digits located at the bottom left corner of your checks or withdrawal tickets)</small>
Deposit Amount: _____ % OR \$ _____ (flat amount) OR <input type="checkbox"/> Remaining

DIRECT DEPOSIT #3: <input type="checkbox"/> Checking <input type="checkbox"/> Savings BankName: _____ (Attach a voided Bank Check or pre-printed Savings Withdrawal Ticket to help ensure accuracy)
Account Number: _____ ABA/Routing Number: _____ <small>(first 9 digits located at the bottom left corner of your checks or withdrawal tickets)</small>
Deposit Amount: _____ % OR \$ _____ (flat amount) OR <input type="checkbox"/> Remaining

Please use the following personal information and signature as authorization, or to contact me with any questions.

Name (First/Middle/Last): _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Social Security Number: _____

Daytime Phone Number: _____ Employee Number: _____

I authorize Turn-Key Tunneling to initiate accounting transactions to deposit my employee pay directly into the account(s) indicated above and to correct any errors which may occur from these transactions. I also authorize the Financial Institution to post these transactions to these accounts. This authorization is to remain in force until Turn-Key Tunneling, Inc. receives written notice from me to cancel or change this authorization.

Signature (Required): _____ Date: _____

When you have completed this form, submit it to the payroll department.

