

# 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.

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

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

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

