



**TPI**  
**True Payroll Integration**  
PAYROLL • HR • BENEFITS • TIME & ATTENDANCE

# Direct Deposit Authorization Form

Employer:

Employee:

Bank Name:

Routing / ABA # (9 Digits):

Account #

Type of Account (please check):

\_\_\_\_\_ Checking                      \_\_\_\_\_ Savings

Please attach a voided check

I authorize and request my employer, TPI, and the financial institution(s) listed herein to automatically deposit my pay to the indicated accounts listed above, and to make adjusting entries as may be required. If funds are not available at the time adjusting entries are attempted, I authorize TPI and my employer to set off the net of future paychecks and/or any and all tax withholdings in the amount of the adjustments required.

I understand that my employer or I may terminate this agreement at any time by written notification. Any such notification will result in a termination of direct deposit service as soon as practicable. I authorize my employer to debit my account for the purpose of correcting an erroneous credit previously initiated to my account.

\_\_\_\_\_  
Employee Signature  
[Type text]

\_\_\_\_\_  
Date