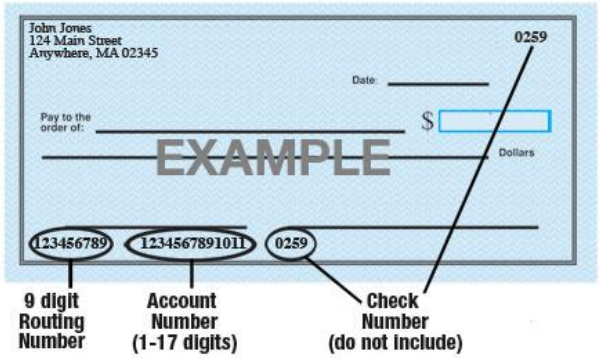
Employer: _____

Direct Deposit

☐Direct Deposit ☐ Paper Check (ask if this is available)



Name of Bank: _____

Account #: _____

9-Digit Routing #: _____

Amount: ☐ $ _____ ☐ _____% or ☐ Entire Paycheck

Type of Account: ☐ Checking ☐ Savings

My signature below acknowledges that **TM Payroll Services LLC** is authorized to directly deposit my pay to the account(s) listed above. This authorization will remain in effect until I modify or cancel it in writing.

****There will be a $70 fee charged to the business/employer for direct deposit reversals due to incorrect account info. I understand that my employer will deduct this fee from my paycheck, if I provided the incorrect information.*

Employee Signature: _____

Date: _____ Email: _____