



## Payroll Services

544 Enterprise Dr.  
Lewis Center, OH 43035  
(614) 885-8521 ph.  
(614) 885-8523 fax  
[payroll@thetlgroup.biz](mailto:payroll@thetlgroup.biz)

### Authorization for Direct Deposits – Employee Form

This authorizes \_\_\_\_\_ (the “Company”) to send credit entries (and appropriate debit and adjustment entries) electronically or by any other commercially accepted method to my (your) account(s) listed below and to other accounts I (we) identify in the future (the “Account”). This authorizes the financial institution hold the Account to post all such entries. Please resubmit this form at any time you would like to change your direct deposit information.

**Account 1:**

Deposit (amount or %) \_\_\_\_\_  
Account Type (Chk/Save) \_\_\_\_\_  
Employee Bank Name \_\_\_\_\_  
City, State \_\_\_\_\_  
Account Number \_\_\_\_\_  
Bank Routing Number \_\_\_\_\_

**Account 2:**

Deposit (amount or %) \_\_\_\_\_  
Account Type (Chk/Save) \_\_\_\_\_  
Employee Bank Name \_\_\_\_\_  
City, State \_\_\_\_\_  
Account Number \_\_\_\_\_  
Bank Routing Number \_\_\_\_\_

*Copy of Check: Please place a copy of the check for the primary account below and scan/email or fax this form to our office. If there is a secondary account, please provide a check copy if applicable.*

This authorization will be in effect until the Company receives a written termination notice from the employee and has a reasonable opportunity to act upon it.

Employee Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Email: \_\_\_\_\_

Date: \_\_\_\_\_