

DIRECT DEPOSIT AUTHORIZATION

Date:	Social Secur	ty No.:
Name (Last):	First:	MI:
Client #:	Client Name: Trinity Ex	cavators, LLC
Complete this section if an	rolling or changing financial institution by	anch or account or if you are canceling Direct Deposit.
NEW	CHANGE	CANCELLATION
You may designate any fir	nancial institution or credit union in the	J.S. You may have your earnings distributed in ote period on all accounts before your Direct Deposit
1. Bank Name	Amoun	☐ Checking ☐ Savings ☐ Paycard ☐ HSA
Bank ABA Routing Numl	ber Bank A	ccount Number
2Bank Name	Amoun	□Checking □Savings □ Paycard □ HSA
Bank ABA Routing Numb	ber Bank A	ccount Number
3Bank Name	 Amoun	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
Bank ABA Routing Numl	ber Bank A	ccount Number
4 Bank Name	Amoun	□Checking □ Savings □ Paycard □ HSA
Bank ABA Routing Numb	nk ABA Routing Number Bank Account Number	
adjustments for any cree effect until Questco has and the Depository name automatic deposit for an understand that if a coinformation provided about Please Note: Posting times.	dit entries in error to the accounts I is received <u>written notification</u> from me ed above a reasonable opportunity to my reason, I will notify the Questco	l institution(s).
Name Address Pay to the order of	Attach copy of voided chec	Date:
		DOLLARS
Bank Name For		