



Payroll Plus Corporation Transport Leasing/Contract, Inc. The Labor Source, Inc.

DIRECT DEPOSIT AUTHORIZATION FORM

to which I am <u>not</u> entitled electronically or by any of discontinued at any time agreement. I understand to me will be returned to Employee Name (please passing Signature (required):	d are deposited in my account, I other commercially accepted me at If any of the below information I that if the direct deposit information THE TLC COMPANIES for distraction. First MI	author author thod. I chang ation is ibution	heck will be deposited in the initiation of a control understand that this autes, I will promptly compens not changed before I control understand this will delay my and this will delay my attended to the initiation of the initia	nto the named institution .If funds prection (debit) entry athorization may be rejected or plete a new authorization close my account, funds payable check. Last 4 of SSN (required):	
Client Assigned To (required): <u>Davis Mail Services Inc.</u>			Contact Number:Notes:		
NOTE: Your n	ext pay may be a check; Direct D	eposit	takes 7-10 business day	rs from your next pay date.	
THIS IS: (check one)	☐ A new/additional account		Information change	☐ A cancellation	
1.				2 / Garicondion	
Name of Bank:			Bank Address:		
City, State, Zip:			Bank Telephone #: (
Transit/Routing # (9-digits):			Acct #:	☐ Check ☐ Save	
Amount to Deposit:	Fixed Amount: \$		OR	☐ Entire Check	
2.					
Name of Bank:			Bank Address:		
City, State, Zip:			Bank Telephone #: ()		
Transit/Routing # (9-digits):			Acct #:	☐ Check ☐ Save	
Amount to Deposit:	Fixed Amount: \$		OR	☐ Entire Check	
	ATTACH A VOID CHECK FOR CHECKING DEPOSITS and/or ATTACH A DEPOSIT SLIP FOR SAVINGS DEPOSITS (This is required in order for us to process your request. Direct deposit cannot be done without a voided check or deposit slip provided.)				