

**Thomas Allen, Inc.**  
**Payroll Direct Deposit Authorization**

Employee Name: \_\_\_\_\_

Employee ID Number: \_\_\_\_\_

**New Deposit**                       **Change to Existing Deposit**                       **Stop Deposit, effective date:** \_\_\_\_\_

**\*If you are selecting to have a deposit to a checking account, you must attach a voided check or a bank authorization document to this form. If you have selected a saving account, attach a deposit slip. If nothing is attached to this form, it will be sent back to you and payroll will not process it.**

Action	Bank ID (ABA) Number	Account Number	Account Type	Deposit Instructions
<input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Delete	_____		<input type="checkbox"/> Checking <input type="checkbox"/> Savings	<input type="checkbox"/> Full Deposit <input type="checkbox"/> Amount: \$_____
<b>Effective Paydate</b>	<b>Financial Institution Name</b>	<b>Financial Institution Address</b>	<b>Type of Institution</b>	<b>Financial Institution Phone #</b>
			<input type="checkbox"/> Bank <input type="checkbox"/> Credit Union <input type="checkbox"/> Other	
Action	Bank ID (ABA) Number	Account Number	Account Type	Deposit Instructions
<input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Delete	_____		<input type="checkbox"/> Checking <input type="checkbox"/> Savings	<input type="checkbox"/> Remaining Balance <input type="checkbox"/> Amount: \$_____
<b>Effective Paydate</b>	<b>Financial Institution Name</b>	<b>Financial Institution Address</b>	<b>Type of Institution</b>	<b>Financial Institution Phone #</b>
			<input type="checkbox"/> Bank <input type="checkbox"/> Credit Union <input type="checkbox"/> Other	
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			<input type="checkbox"/> Bank <input type="checkbox"/> Credit Union <input type="checkbox"/> Other	

***Adding a new direct deposit, changing account type, institution, or account number requires a pre-note to be send to the bank before the change can become effective. You will receive a live paper check for the first pay period.***

I authorize Thomas Allen, Inc. and my financial institution(s) indicated above to electronically direct deposit the amounts I have designated, and if necessary, debit entries and adjustments for any credit entries made in error to my accounts as I indicated above. I understand that this authorization will remain in effect until I submit a change or cancellation, or until my employment ends.

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

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