



DIRECT DEPOSIT Set-Up or Change Request

PLEASE SUBMIT THIS FORM THROUGH PRODUCTION WITH YOUR TIMECARD

If making this request after you have worked, please submit the completed and signed form to your TTC Payroll Account Manager.

PLEASE CHECK: Set Up Direct Deposit Set Up Second Account Change Account Stop Direct Deposit

Employee Name: _____ Client: _____

Social Security Number: _____ Telephone: _____

If Applicable, Loan Out Name: _____ FEIN: _____

Email Address: _____

Your check stub will be sent to you electronically at the email address that you provide above.

My signature below confirms my request to have my wages direct deposited to the account(s) that I have indicated below. By requesting Direct Deposit, I am also agreeing to receive my check stub via email.

Employee Signature: _____ Date: _____

PLEASE ATTACH: • FOR CHECKING ACCOUNT, A VOIDED CHECK
• FOR SAVINGS ACCOUNT, A DEPOSIT SLIP

PLEASE NOTE: • Direct Deposit is **NOT** available to Money Market or Cash Management Accounts.
• If no Direct Deposit activity with TTC for 6 months, please resubmit this form to reactivate.

Current Bank Account for Deposit of Net Wages: Initial here to authorize: _____

Account Name: _____ TYPE: CHECKING SAVINGS

Account Number: _____ ABA Routing #: _____

Bank Name: _____ Telephone: _____

Bank Address: _____

TTC Use Only	ITEM	Initials
	BANK	
	ACH	
	JDE	
Processed		

Second Bank Account Information (optional): Initial here to authorize: _____

Amount or Percent to deduct from wages & deposit to this account each pay period: _____

Account Name: _____ TYPE: CHECKING SAVINGS

Account Number: _____ ABA Routing #: _____

Bank Name: _____ Telephone: _____

Bank Address: _____

TTC Use Only	ITEM	Initials
	BANK	
	ACH	
	JDE	
Processed		

CHANGE Bank Account information. Complete Old Bank Account information below if changing account.

Old Bank Account Information:

Old Account Name: _____ TYPE: CHECKING SAVINGS

Old Account Number: _____ Old ABA Routing #: _____

Old Bank Name: _____

For TTC Use Only	
Processed	

Request to **STOP** Direct Deposit.

My signature below confirms my request to be removed from Direct Deposit and receive my wages by payroll check. I understand that once removed from Direct Deposit, my paycheck will be sent to me in the mail at the address on my W-4 form.

Employee Signature: _____ Date: _____

For TTC use only:

Request submitted by: _____ Initials: _____

Date Submitted: _____ Approx date of 1st payroll: _____

Notes/Comments: _____

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