

## DIRECT DEPOSIT

[www.tec.biz](http://www.tec.biz)

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### Direct Deposit

We are pleased to offer you Direct Deposit. After we receive the completed enrollment form, it will take 1 to 2 weeks for the deposits to begin. If you are interested, please complete this form and attach a voided check. *Please be sure to sign the form!*

Action Requested (check one):     Start Direct Deposit     Stop Direct Deposit     Change (add/delete a bank, increase/decrease fixed amount or select new bank account)

Effective Date:                       As soon As Possible     Future Pay Date \_\_\_\_\_

\*A change replaces the direct deposit authorization currently on file. Fill in every row of bank information to show how your check should be deposited.

Bank Name	Routing # _____ <small>(9 digits)</small>	Account # _____	Checking <input type="checkbox"/> or Savings <input type="checkbox"/>	(Check only 1 box) Full Deposit <input type="checkbox"/> Fixed Amount or % <input type="checkbox"/>	Deposit any balance of <input type="checkbox"/> net pay to this account \$ _____ / _____ %
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**\*\*\*If depositing with more than one bank, you must choose one balance account\*\*\***

Bank Name	Routing # _____ <small>(9 digits)</small>	Account # _____	Checking <input type="checkbox"/> or Savings <input type="checkbox"/>	(Check only 1 box) Full Deposit <input type="checkbox"/> Fixed Amount or % <input type="checkbox"/>	Deposit any balance of <input type="checkbox"/> net pay to this account \$ _____ / _____ %
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Bank Name	Routing # _____ <small>(9 digits)</small>	Account # _____	Checking <input type="checkbox"/> or Savings <input type="checkbox"/>	(Check only 1 box) Full Deposit <input type="checkbox"/> Fixed Amount or % <input type="checkbox"/>	Deposit any balance of <input type="checkbox"/> net pay to this account \$ _____ / _____ %
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I authorize TEC to deposit my net pay via direct deposit to my account(s) as indicated above. If funds to which I am not entitled are deposited to my account(s), I authorize TEC to direct the financial institution(s) to return said funds. I understand that it is my responsibility to verify that payments have been credited to my account(s) and that TEC assumes no liability for overdrafts for any reason. I understand that in the event my financial institution(s) is/are not able to deposit any electronic transfer into my account due to any action I take, TEC cannot issue funds to me until the funds are returned to TEC by my financial institution(s). I understand this authorization will override any previous authorization and will remain in effect until a) revoked by my written request; or b) immediately following my termination from employment with TEC; or c) 120 days after my last paycheck was issued. I understand I must immediately notify TEC **before** I close any/all account(s) listed above while this authorization is in effect.

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

Today's Date: \_\_\_\_\_