



211 W Superior St

Wayland, Michigan 49348

(269) 792-1379

Employee Direct Deposit Form

Employee Instructions:

1. Complete the form.
2. Sign the bottom of the form.
3. Return the original to your employer. Copy available upon request.
4. Please attach copy of a voided check.

Please Print

Employee Name: _____

Social Security No: ____ / ____ / _____

I would like my wages/salary deposited to the following bank account(s):

Checking

Savings

Bank Name: _____

Bank Name: _____

Routing /Transit #: _____

Routing / Transit #: _____

Account #: _____

Account #: _____

I wish to deposit (check one):

I wish to deposit (check one):

Entire Net Pay

Entire Net Pay

Specific Dollar Amount \$ _____.00

Specific Dollar Amount \$ _____.00

I hereby authorize my employer, TPS Inc. (hereinafter COMPANY) to deposit any amounts owed me by initiating credit entries to my account at the financial institution (hereinafter BANK) indicated above. Further, I authorize BANK to accept and to credit any credit entries indicated by COMPANY to my account. In the event that COMPANY deposits funds erroneously into my account, I authorize COMPANY to debit my account for an amount not to exceed the original amount of the erroneous credit.

Any dispute arising out of or in connection with this agreement, if not otherwise resolved, shall be determined by arbitration in accordance with the Rules of the American Arbitration Association, and it is the expressed desire of both parties that the prevailing party be awarded costs and attorney's fees and that the award be entered as a judgement in any jurisdiction in which the non-prevailing party does business.

This authorization is to remain in full force and effect until COMPANY and BANK have received written notice from me of its termination in such time and in such manner as to afford COMPANY and BANK a reasonable opportunity to act on it.

Employee Signature: _____

Date: _____