



“Before you call anybody about your Business, Finances, Money, or Taxes...CALL US”

TEAM MEMBER (Direct Deposit Form)

NAME OF FINANCIAL INSTITUTION

ROUTING NUMBER

ACCOUNT NUMBER

TYPE OF ACCOUNT (Checking or Savings)

NAME AS IT APPEARS ON ACCOUNT

I hereby authorize TCL Financial & Tax Services to direct deposit my earnings using the financial institution and account information provided above.

I understand that the information above will remain in force until it is updated by me completing another Direct Deposit Form, or by me utilizing my ADP Payroll Account.

TODAY'S DATE

TEAM MEMBER'S PRINTED NAME

TEAM MEMBER'S SIGNATURE

Note: This form should only be delivered to the individual responsible for processing the company's payroll, or by an authorized person designated by such individual.