

# Direct Deposit

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

Division: \_\_\_\_\_

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

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name of Bank: \_\_\_\_\_

Bank Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Account 1:**

Account Type: Checking or Savings (circle one)

Account Number: \_\_\_\_\_

Routing/Transit/ABA No.: \_\_\_\_\_

Amount To Be Deposited Per Paycheck: Remaining net amount of paycheck

**Account 2:**

Account Type: Checking or Savings (circle one)

Account Number: \_\_\_\_\_

Routing/Transit/ABA No.: \_\_\_\_\_

Amount To Be Deposited Per Paycheck: \_\_\_\_\_

**Account 3:**

Account Type: Checking or Savings (circle one)

Account Number: \_\_\_\_\_

Routing/Transit/ABA No.: \_\_\_\_\_

Amount To Be Deposited Per Paycheck: \_\_\_\_\_

I, \_\_\_\_\_ hereby  
authorize Mark/Trece, Inc. in consort with ADP and BB&T Bank to deposit directly on a weekly  
basis the monies indicated on the previous page to the bank also indicated.

I, \_\_\_\_\_ do not wish  
to participate at this time. I will complete a new form at a later date if I wish to  
change my election.

**Note:**

- 1) Your banking institution must be ACH (approved clearing house),  
which means they must have the capabilities for direct deposit.
- 2) Account Type - Please indicate whether Checking or Savings,  
IRA, etc.
- 3) Your Routing/Transit/ABA number is separate from your account  
number. Please verify this with your bank.
- 4) Please attach a copy of your voided check and submit with Direct  
Deposit Form.
- 5) It is the employees responsibility to contact their bank for any  
special instructions.
- 6) The employee must contact Mark/Trece, Inc. immediately of any  
changes to your ABA or account number due to a merger or any other  
circumstances in which your banking information may change.

Employee Name: \_\_\_\_\_  
(Please Print)

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