



Direct Deposit Signup Form

NEW CHANGE

Directions:

Complete the “Employee – Required Information” section
 Complete the Direct Deposit section to specify where you want your pay deposited.
 Sign the bottom of the form.
 Retain a copy of this form for your records. Return the original to your employer.

Employee – Required Information	
Employee Name _____	Social Security Number _____
Complete for Direct Deposit and Sign below	
<u>Bank Account #1</u> <input type="checkbox"/> Checking Bank Name _____ <input type="checkbox"/> Savings Bank Name _____	<u>Bank Account #2</u> <input type="checkbox"/> Checking Bank Name _____ <input type="checkbox"/> Savings Bank Name _____
<u>I wish to deposit (check one):</u> <input type="checkbox"/> Remainder of Net Pay <input type="checkbox"/> _____ % of Net <input type="checkbox"/> Specific Dollar Amount \$_____.00 Please attach one of the following for Checking or Savings accounts (check one): <input type="checkbox"/> Voided check (deposit slips are not accepted) <input type="checkbox"/> Bank letter or specification sheet* <small>*See your local bank representative</small>	<u>I wish to deposit (check one):</u> <input type="checkbox"/> Remainder of Net Pay <input type="checkbox"/> _____ % of Net <input type="checkbox"/> Specific Dollar Amount \$_____.00 Please attach one of the following for Checking or Savings accounts (check one): <input type="checkbox"/> Voided check (deposit slips are not accepted) <input type="checkbox"/> Bank letter or specification sheet* <small>*See your local bank representative</small>

By signing below, I am agreeing that I am either the accountholder or have the authority of the accountholder to authorize my employer to make direct deposits into the names account. I also understand that if for any reason I leave my assignment before the end date, or if I am terminated, I authorize Titan to initiate a payroll deduction or pursue collection through a collection agency that will cover all outstanding expenses incurred by my early departure.

Employee Signature _____ Date ___/___/___