

TRIPLE CHECK PAYROLL

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DIRECT DEPOSIT APPLICATION FOR PAYROLL

Direct Deposit information can be submitted electronically through Employee Self Services or by submitting this application form. New employees need to complete this application until an account and password is established. Please make sure all information is correct and attach a voided check with this application.

VOIDED CHECK MUST BE ATTACHED

Employee Information		Name: _____	Email: _____	Phone Number: _____
MAIN Account	Type of Account	Bank Information		
Indicate one: <input type="checkbox"/> Add <input type="checkbox"/> Change	Indicate: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	ABA Transit Routing Number: _____	Account Number _____	Bank Name: _____
		Bank City, State: _____	_____	_____
2nd Account	Type of Account	Bank Information		
Indicate one: <input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Delete	Indicate: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	ABA Transit Routing Number: _____	Account Number _____	Bank Name: _____
		Bank City, State: _____	_____	_____
		Dollar Amount		Indicate: Specified Dollar Amount _____
		NET PAY		

I hereby authorize Triple Check payroll listed above to initiate electronic credit entries and if necessary, debit entries and adjustments for any credit entries made in error to my account(s). This authorization will remain in effect until I have cancelled my account information in writing or electronically through Triple Check Payroll.

Signature _____

Name _____

Date _____