



914.214.4555 1133 Westchester Ave., White Plains, NY 10604 www.topprospectgroup.com Information Technology Services

DIRECT DEPOSIT AUTHORIZATION FORM

Employee Name: _____

I hereby authorize Top Prospect Group, Inc. to deposit my pay directly into the bank account(s) listed below. I have attached a voided check or deposit slip for each account so bank transit and account numbers can be verified.

I also authorize Top Prospect Group, Inc. to correct any erroneous payment or overpayment to my account(s) by withdrawing funds in the amount of the excess payment.

This authorization remains in effect until Top Prospect Group, Inc. has received written authorization from me of its termination or change.

Employee Signature: _____ Date: _____

NOTE: If your joint account requires both account holders to sign checks or authorize payments, the joint account holder must indicate their agreement with the above terms by signing below:

Financial Institution/Account Number(s):

Account 1: _____
Routing Number *Account Number*

Account 2: _____
Routing Number *Account Number*

Name of Joint Account Holder: _____
Please print

Signature of Joint Account Holder: _____ Date: _____

Account Information – Form for Account 1

Complete only this form for Account 1 if you want all of your pay deposited into a single account. If you want your pay per pay period deposited into two accounts, complete both this form for Account 1 and the form for Account 2.

Account Type: Checking Savings (*Select one*)

Name of Financial Institution: _____

Street Address *City, State, and Zip Code*

Telephone Number for Financial Institution: _____

Percentage or Amount per Pay Period to Deposit for this Account: _____
(Use when pay is split between two accounts e.g. 100% or 90% and 10%)

Confirm Account 1: _____
Routing Number *Account Number*

Company Use Only—Bank/ABA Number: _____

Account Information – Form for Account 2

Complete only this form for Account 1 if you want all of your pay deposited into a single account. If you want your pay per pay period deposited into two accounts, complete both this form for Account 1 and the form for Account 2.

Account Type: Checking Savings (*Select one*)

Name of Financial Institution: _____

Address of Financial Institution: _____
Street Address

City, State, and Zip Code

Telephone Number for Financial Institution: _____

Percentage or Amount per Pay Period to Deposit for this Account: _____
(examples: 100%; \$350)
(Use when pay is split between two accounts)

Confirm Account 1: _____
Routing Number *Account Number*

Company Use Only—Bank/ABA Number: _____