



T&G Construction of Stillwater, Inc.

5620 Memorial Avenue N., Suite H
Stillwater, MN 55082

Direct Deposit Authorization Agreement

Please complete the following information, attach a voided check, and return to Human Resources. Thank you.

Employee Information

Name: _____

Email Address (required for direct deposit): _____

<u>BANK INFORMATION</u>	Checking	or	Savings	(Circle One)
Bank Name _____				
ROUTING/TRANSIT #				
These are the nine digits to the left of your account number on the bottom of your check				
ACCOUNT #				
Amount to be deposited \$ _____ (enter flat amount of "full deposit" if no secondary bank)				
<u>SECONDARY BANK INFORMATION</u>	Checking	or	Savings	(Circle One)
Bank Name _____				
ROUTING/TRANSIT #				
These are the nine digits to the left of your account number on the bottom of your check				
ACCOUNT #				
Amount to be deposited \$ _____				
NOTE: If there is not a secondary bank the full deposit will be made to the first account				

I authorize my employer to make deposits to my account. In the unlikely event of a deposit error, I authorize my employer to make adjustments to correct the error.

Signature _____

Date _____

Decline Direct Deposit: I am declining the option to direct deposit my payroll checks at this time. Payroll checks will be mailed to the home address on file.