

# Direct Deposit Authorization

Employee: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Name of Financial Institution: \_\_\_\_\_

## ***New Enrollment***

## **Enroll in Direct Deposit:**

Please insert employee name and financial institution in the space provided above. Sign and attach a voided check at the bottom of this agreement.

Deposit \$ \_\_\_\_\_ at the end of each pay period to my:

[  ] Checking [  ] Savings Account

\_\_\_\_\_  
ABA Transit Routing Number

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

Deposit my remaining net pay to:

[  ] Checking [  ] Savings Account

\_\_\_\_\_  
ABA Transit Routing Number

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

## ***Change Enrollment***

## **Change in Direct Deposit:**

For any changes to original enrollment, please check this box and make the changes in the spaces provided above. A voided check must be attached if you change financial institutions!

## ***Cancel Enrollment***

## **Cancel Direct Deposit Option:**

Please indicate effective date of cancellation below.

Cancellation Date:

By attaching a voided check, I hereby authorize Tiger Lines, LLC and the financial institution listed above to initiate entries into the account number listed on this agreement. In the event that the financial institution is notified by Tiger Lines, LLC that funds to which the employee is not entitled to have been deposited in error to the above listed account, I authorize the financial institution to return such funds to Tiger Lines, LLC.

Attach a Voided Check Here  
**No Deposit Slips**

**Please Note:** To assure prompt and accurate processing of enrollment/change requests, forward all employee applications including a voided check (no deposit slips) to Tiger Lines, LLC as soon as completed. This agreement may only be terminated as outlined in the CANCEL DIRECT DEPOSIT option listed above.