

DIRECT DEPOSIT

Submit this form to your Human Resources Department
1550 Humboldt Avenue
West St. Paul, MN 55118

EMPLOYEE NAME: _____ ID #: _____
(Current employee only)

- THIS IS A NEW AUTHORIZATION - NEW EMPLOYEE ONLY**
- THIS IS A CHANGE TO AN EXISTING AUTHORIZATION**
- THIS IS TO CANCEL DIRECT DEPOSIT (EMPLOYEE MUST SIGN)**

I have an established checking and/or saving account. Effective immediately, I authorize TAI and the Financial Institution listed below to initiate electronic credit entries, and if necessary, debit entries and adjustments for any debit/credit entries made in error each payday to the account as listed below.

Checking account Savings account

This authorization will remain in effect until I have cancelled it in writing.

Your Name (please print)	Financial Institution
Your Street Address	Street Address of Financial Institution
Your city, State, Zip	City, State, Zip of Financial Institution
Signature	Date

TRANSIT ROUTING NUMBER (from bottom of check)									

ACCOUNT NUMBER															

STAPLE VOIDED CHECK HERE