

# TMI DIRECT DEPOSIT FORM

## Employee Authorization Agreement for Automatic Deposit

The undersigned hereby authorizes Toward Maximum Independence (TMI) and its authorized agents to initiate credit/debit entries for payment of payroll, and if necessary, adjusting items to the account of the undersigned. All such entries shall be made to the account indicated below and the depository named below is hereby authorized to credit and/or debit the save to or from said account.

BANK: \_\_\_\_\_

BRANCH: \_\_\_\_\_ PHONE: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TRANSMIT/ABA NUMBER: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

CIRCLE ONE:                      CHECKING                      SAVINGS

### **IF CHECKING, PLEASE INCLUDE A VOIDED CHECK**

This authorization is to remain in full force and effect until the undersigned has provided written authorization to TMI for it's termination at such time and in such manner as to afford it agents and bank a reasonable opportunity to act on it. The undersigned represents and warrants that it is authorized and empowered to execute this authorization for the purposes specified herein and indemnifies and holds TMI and its agents harmless from any damage, loss or claim resulting from company's authorized.

NAME: \_\_\_\_\_

SIGNED: \_\_\_\_\_

DATE: \_\_\_\_\_

CIRCLE ONE:                      NEW PARTICIPANT                      CHANGE