

MedWave Healthcare Staffing (#1292-05)

Immediate Activation

Direct Deposit Authorization and Change Form

Employee Name (please print):		Emp #:	
Social Security #:			
I hereby authorize Tricom to initiate credit entries or such adjusting entries, either debit or credit, which are necessary for corrections, to my account(s) indicated below and the depository(ies) named below to credit or debit the same such account. **			

Deposit entries are to be made to the following checking and/or savings account(s):

A. Depository Account I					
Institution Name:		Specify One: <input type="checkbox"/> Activate <input type="checkbox"/> Cancel <input type="checkbox"/> Change			
City:		State:		Zip Code:	
Branch:		Branch Phone #:			
Route and Transit #:		Customer Account #:			
Type of Account:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	Specify One:	\$ Amount of Paycheck		
			% Amount of Paycheck		
<input type="checkbox"/> Cancel old account immediately. I understand I will receive a live check until the new account becomes effective.					
<input type="checkbox"/> Leave old account in effect until new account becomes effective.					

B. Depository Account II					
Institution Name:		Specify One: <input type="checkbox"/> Activate <input type="checkbox"/> Cancel <input type="checkbox"/> Change			
City:		State:		Zip Code:	
Branch:		Branch Phone #:			
Route and Transit #:		Customer Account #:			
Type of Account:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	Specify One:	\$ Amount of Paycheck		
			% Amount of Paycheck		
<input type="checkbox"/> Cancel old account immediately. I understand I will receive a live check until the new account becomes effective.					
<input type="checkbox"/> Leave old account in effect until new account becomes effective.					

Employee Authorization (Please read carefully and sign)



Please attach for processing: 1. A Voided Check if depositing to a Checking Account & / or; 2. A Bank Verification Form if depositing to a Savings Account

This authority is to remain in full force and effect until Tricom has received written notification from me of its termination in such time and in such manner as to afford Tricom a reasonable opportunity to act on it. There will be a **10 business day** waiting period after prenotification until direct deposit is initiated.

Employee Signature: _____ **Date:** _____

** Tricom Funding is the association for all payroll credits and debits and will appear on your bank statement as such.