



TRICOM, INC.

KULA CONSULTING (1149)

Direct Deposit Authorization and Change Form

Employee completes form and returns to Tricom Funding

Employee Name (please print): _____

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 saving account(s):

Depository Account I

Institution Name: _____

Specify One: Activate Cancel Change

City: _____

State: _____ Zip Code: _____

Branch: _____

Branch Phone #: _____

Route and Transit# _____

Customer Account #: _____

Type of Account: Checking Savings Specify One:

\$ Amount of Paycheck: _____

% Amount of Paycheck: _____

Cancel old account immediately. I understand I will receive a live check until the new account becomes effective

Leave old account in effect until new account becomes effective

Depository Account II

Institution Name: _____

Specify One: Activate Cancel Change

City: _____

State: _____ Zip Code: _____

Branch: _____

Branch Phone #: _____

Route and Transit # _____

Customer Account #: _____

Type of Account: Checking Savings Specify One:

\$ Amount of Paycheck: _____

% Amount of Paycheck: _____

Cancel old account immediately. I understand I will receive a live check until the new account becomes effective

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.