

## 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 #:	
account.**	
uccount.	
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 State: Zip Code:
City: 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 Tricos such time and in such manner as to afford Tricom a reasonab waiting period after prenotification until direct deposit is initial.	11 ,
Employee Signature:	Date:
** Tricom Funding is the association for all payroll credits as	nd debits and will appear on your bank statement as such.