



Authorization for Direct Deposit

staff administrators

I hereby authorize and request Trigon Staff Administrators, Inc. (TSA) to make payment of any amounts owed to me by initiating credit entries to my account indicated below in the bank named below. In the event of an overpayment in error, I hereby authorize TSA to initiate correcting entries to my account of such payment in error.

Employee Name: _____

Social Security Number: _____

Signature: _____ Date: _____

Primary Deposit Account: Checking Savings
 100% Of Net Check Other Amount \$ _____
Bank Name: _____
Transit Routing Number: _____ (Must be 9 digits)
Account Number: _____

Secondary Deposit Account: Checking Savings
Amount \$ _____
Bank Name: _____
Transit Routing Number: _____ (Must be 9 digits)
Account Number: _____

Please send completed form and a voided check(s) to TSA:

Phone: 602-358-0300

Fax: 602-358-0303

TSA Use Only

Client Name: _____ Date Entered: _____ Initials: _____