

Authorization for Direct Deposit

staff administrators

I hereby authorize and request Trigon Staff Administratiors, 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:		
Account Number:		
Secondary Deposit Account:	Checking Savings	
Amount \$		
Amount \$		
Amount \$Bank Name:		
Amount \$		
Amount \$	leted form and a voided check(s) to TSA at the address below: Trigon Staff Administrators, Inc. 1010 East Jefferson Street Phoenix, Arizona 85034 Phone: 602-358-0300	