



TrigonStaff.com
Phone: 602-358-0300 | Fax: 602-358-0303
1010 E. Jefferson St. Phoenix, AZ 85034

AUTHORIZATION FOR DIRECT DEPOSIT

PLEASE ALLOW UP TO 3 WEEKS FOR PROCESSING

Employee Name: _____

Social Security Number: _____

Signature: _____ Date: _____

PRIMARY DEPOSIT ACCOUNT:

Circle One: Checking | Savings

Circle One: 100% of Net Check | Other Amount: \$ _____

Bank Name: _____

Routing Number: _____

Account Number: _____

SECONDARY DEPOSIT ACCOUNT: if applicable

Circle One: Checking | Savings

Amount: \$ _____

Bank Name: _____

Routing Number: _____

Account Number: _____

TRIGON PAYTECH ONLY:

DATE ENTERED IN SYSTEM: _____ **NAME:** _____ **Signature:** _____