

## Direct Deposit Authorization

\*\*\*This sheet only holds information for 3 accounts. Submit additional sheets as necessary.\*\*\*

**IMPORTANT! Please note there is a 5 day pre-note process for all accounts submitted without bank documentation, so please allow 10 days prior to payroll submission for new account designations.**

Company Name \_\_\_\_\_ Client ID \_\_\_\_\_

Employee Name \_\_\_\_\_ Last four digits of Social Security \_\_\_\_\_

**COMPLETE TO ENROLL OR CHANGE ENROLLMENT IN DIRECT DEPOSIT – PLEASE PRINT IN BLUE OR BLACK INK ONLY!**

Bank Account Number\*: \_\_\_\_\_ Type of Account: ☐ Checking ☐ Savings  
Financial Institution ("Bank") Name: \_\_\_\_\_ ABA (Routing) # \_\_\_\_\_  
Deposit Type (check one): · Remainder of Net Pay · \_\_\_\_\_ % of Net · \_\_\_\_\_ Specific Dollar Amount

Bank Account Number\*: \_\_\_\_\_ Type of Account: ☐ Checking ☐ Savings  
Financial Institution ("Bank") Name: \_\_\_\_\_ ABA (Routing) # \_\_\_\_\_  
Deposit Type (check one): · Remainder of Net Pay · \_\_\_\_\_ % of Net · \_\_\_\_\_ Specific Dollar Amount

Bank Account Number\*: \_\_\_\_\_ Type of Account: ☐ Checking ☐ Savings  
Financial Institution ("Bank") Name: \_\_\_\_\_ ABA (Routing) # \_\_\_\_\_  
Deposit Type (check one): · Remainder of Net Pay · \_\_\_\_\_ % of Net · \_\_\_\_\_ Specific Dollar Amount

Please attach one of the following for Checking or Savings accounts (check one):

- No Documentation (10 day pre-note required)
- Voided check with name imprinted (no starter checks)
- Bank letter or specification sheet (the signature of your local bank representative MUST be included)

\* Certain accounts may have restrictions on deposits and withdrawals. Check with your bank for more information specific to your account.

### EMPLOYEE CONFIRMATION STATEMENT

I authorize my employer, Thomson Reuters and its subsidiaries to initiate credit entries into my account(s) at the above listed financial institutions in the amount of my net pay each pay period. I further authorize my employer, Thomson Reuters and its subsidiaries to debit my account(s) for any credit entries posted to my account(s) in error. This authorization remains in effect until terminated by the employee, employer or Thomson Reuters.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

### EMPLOYER ACKNOWLEDGEMENT

Company Name \_\_\_\_\_

If no bank documentation is provided or is different from what is listed above, the following must be completed by the employer)  
I confirm that the above named employee has added or changed a bank account for direct deposit transactions processed by Thomson Reuters and its subsidiaries; I hereby accept any liability of funds deposited into an invalid and/or wrong bank account(s). I also understand that it may take 3-5 business days to have funds returned to my company, if in fact, the funds are able to be recovered.

Employer Signature \_\_\_\_\_ Date \_\_\_\_\_