



**BUILDING  
BETTER  
COMPANIES**

**DTSI Inc.**  
**EMPLOYEE AUTHORIZATION FOR NEW DIRECT DEPOSIT**

Instructions

1. Fill in name of bank
2. Check off type of account
3. Fill in transit number found on the bottom left corner of check (between colons)
4. Fill in account number found to the rights of transit number
5. Check off if depositing full amount of check or flat sum of check
6. Fill in employee name, department (if known)
7. Date and sign form

I hereby authorize and request Delta Technical Solutions to make payment to any amounts owing to me by direct deposit to the bank authorized below.

I also authorize Delta Technical Solutions to debit my account for the purpose of correcting an erroneous payroll credit entry initiated by the Company, provided I am notified of such corrections and the reason thereof.

Name of Bank \_\_\_\_\_

Type of Account:        \_\_\_\_\_ Checking    \_\_\_\_\_ Savings

Transit Number \_\_\_\_\_

Account Number \_\_\_\_\_

Check One:

\_\_\_\_\_ Deposit full amount

\_\_\_\_\_ Deposit flat sum of \$\_\_\_\_\_ per payroll

It is understood that I may terminate this agreement at any time by written notification to Delta Technical Solutions. Any such notification to Delta Technical Solutions shall be effective only with respect to entries initiated by Delta Technical Solutions after receipt of such notification and a reasonable opportunity to act on it.

Employee Name: \_\_\_\_\_ SS# \_\_\_\_\_  
(Please print)

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**FAX THIS FORM ALONG WITH A VOIDED CHECK TO (866)366-5061**

*Direct Deposit may take one to two weeks to begin processing.*