

DIRECT DEPOSIT AUTHORIZATION FORM

Employee Name:	
I hereby authorize Top Prospect Group, Inc. to deposit m below. I have attached a voided check or deposit slip for numbers can be verified.	
I also authorize Top Prospect Group, Inc. to correct any account(s) by withdrawing funds in the amount of the ex	
This authorization remains in effect until Top Prospect Gr from me of its termination or change.	oup, Inc. has received written authorization
Employee Signature:	Date:
NOTE: If your joint account requires both account holder joint account holder must indicate their agreement with t	
Financial Institution/Account Number(s):	
Account 1: Routing Number	Account Number
Account 2:	Account Number
Name of Joint Account Holder:	
Signature of Joint Account Holder:	Date:
Account Information – Form for Account 1 Complete only this form for Account 1 if you want all of y want your pay per pay period deposited into two account the form for Account 2. Account Type: Checking Savings (Select one)	
Name of Financial Institution:	
Street Address Co	ity, State, and Zip Code
Telephone Number for Financial Institution:	
Percentage or Amount per Pay Period to Deposit for this a (Use when pay is split between two accounts e.g. 100% of	
Confirm Account 1:	_
Routing Number	Account Number
Company Use Only—Bank/ABA Number:	



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 www.thinktpg.com ◆ Creative Services

Account Information - Form for Account 2

Complete only this form for Account 1 if you want all of your pay deposited into a single account. If you want your pay per pay period deposited into two accounts, complete both this form for Account 1 and the form for Account 2.

Account Type:	☐ Checking	☐ Savings (Select one)		
Name of Financia	l Institution:_			
Address of Finance	cial Institutior	1:		
Telephone Number for Financial Institution:				
Percentage or Amount per Pay Period to Deposit for this Account:				
Confirm Accour	nt 1: Routing No	ımber	Account Number	
Company Use C	n/v—Bank/Al	BA Number:		