|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Please print all information:** | | | | |
| **(A voided check must be attached for each checking account)** | | | | | | | | | | | | | | | | **DATE:** | | 11/6/23 | |
|  | | | | |  | | |  | | | | | | | | |  | | |
| Name: | Dany Garcia | | | | | | | | | SS #: | | | | 225757799 | | | | | |
|  | | | |  | | | |  | | | | | | | | |  | | |
| Account #1 | | | | ADD | | CHANGE | | | CANCEL | | | | | | | |  | | |
|  | | | |  | | | |  | | | | | | | | |  | | |
| BANK NAME: | | | Capital One | | | | | | | | | | | | | | | | |
| ADDRESS: | | | P.O. Box 30285, Salt Lake City, Uta, 84130 | | | | | | | | | | | | | | | | |
| CONTACT: | | |  | | | | | | | | PHONE: | | | | 877-383-4802 | | | | |
|  | | | |  | | | |  | | | | | | | | |  | | |
| ROUTING/TRANSIT NUMBER (OBTAINED FROM BANK) | | | | | | | | | | | | | 031176110 | | | | | | |
|  | | | |  | | | |  | | | | | | | | |  | | |
| ACCOUNT # | | 36229073934 | | | | | Checking | | | | | Savings | | | | |  | | **Amount** |

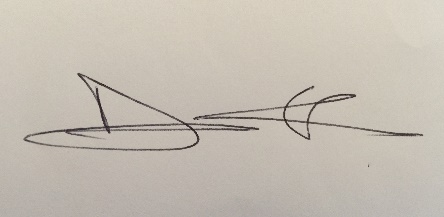
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Account #2 | | | ADD | CHANGE | | | CANCEL | | | | |  | |
|  | | |  | | |  | | | | | |  | |
| BANK NAME: | |  | | | | | | | | | | | |
| ADDRESS: | |  | | | | | | | | | | | |
| CONTACT: | |  | | | | | | PHONE: | | |  | | |
|  | | |  | | |  | | | | | |  | |
| ROUTING/TRANSIT NUMBER (OBTAINED FROM BANK) | | | | | | | | | |  | | | |
|  | | |  | | |  | | | | | |  | |
| ACCOUNT # |  | | | | Checking | | | | Savings | | |  | **Amount** |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Account #3 | | | ADD | CHANGE | | | CANCEL | | | | |  | |
|  | | |  | | |  | | | | | |  | |
| BANK NAME: | |  | | | | | | | | | | | |
| ADDRESS: | |  | | | | | | | | | | | |
| CONTACT: | |  | | | | | | PHONE: | | |  | | |
|  | | |  | | |  | | | | | |  | |
| ROUTING/TRANSIT NUMBER (OBTAINED FROM BANK) | | | | | | | | | |  | | | |
|  | | |  | | |  | | | | | |  | |
| ACCOUNT # |  | | | | Checking | | | | Savings | | |  | **Amount** |

Please Note: It is very important that you accurately complete this form in order to facilitate the successful transfer of funds to the chosen accounts\*. The phone number of your bank’s branch office is very important if we need to resolve communication issues.

Please allow three (3) weeks to activate all new direct deposits and/or changes. It is your responsibility to verify the weekly receipt of your funds directly with your financial institution prior to drawing on those funds. If there has been a period of time after termination and re-hiring, your direct deposit will automatically revert to the Pre-Note stage, therefore it will also take approximately three (3) weeks to re-activate.

TEKsystems, Inc. is not responsible for delays or unsuccessful transfers resulting from incomplete or incorrect information; therefore, please confirm the information above with your banking institution prior to submitting this authorization. In the event an error occurs, I authorize TEKsystems, Inc. to make single entry reversals to my account through the ACH network within 5 banking days of the original entry. TEKsystems, Inc. will notify me of the reversal no later than the settlement date of the reversing entry.



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| --- | --- | --- |
|  |  | 11/6/23 |
| **Employee Signature** |  | **Date** |