TRION
SOLUTIONS, INC

**ELECTRONIC PAY
AUTHORIZATION FORM**

EMPLOYEE INFORMATION SECTION (*These are required fields to enroll in direct deposit)

* Employee Name(Required)	
* Client Name(Required)	* Social Security Number(Required)
* Date of Birth(Required)	* Primary Phone Number (with area code) (Required)
* Address(Required)	* City(Required)
* State(Required)	* Zip Code(Required)
E-Mail Address	

Check one:

☐ **Add my bank account(s)**
Employees may choose to deposit amounts in up to four different accounts below.

☐ **Change my bank account(s)**
Please allow 2 pay periods for processing changes.

☐ **Cancel all account(s)**
This will cancel all electronic deposits and a paper check will be issued. Allow 48 hours for cancellations.

☐ **Issue me a VISA Pay-card**
Everyone is eligible.

By signing below, I authorize Trion Solutions, Inc. and the financial institution(s) listed below to deposit my paycheck automatically and when necessary, to facilitate debit entries for funds erroneously deposited. **I also understand that my request(s) related to direct deposit may take two to three pay periods to activate.** This authorization supersedes any previous payroll deduction distribution form and will remain in effect until I can cancel in writing. I understand that all direct deposits are made through the Automated Clearing House (ACH), that the funds' availability is subject to the term and limitations of the ACH as well as my financial institution, and that the ACH process can take 48 hours to complete, excluding weekends and holidays.

If electing the Pay-card option, a Welcome Kit will be mailed to me detailing all of the benefits, terms and conditions. There is no approval or application process. I am automatically eligible and there is no monthly fee, as long as I am co-employed through Trion Solutions Inc.

	*Check One	*Nine Digit Routing Number	*Account Number	*Check	*Example: $100.00 or 100%
1	☐ add account ☐ change ☐ cancel			☐ Checking ☐ Savings	☐ Amount ☐ Percentage
2	☐ add account ☐ change ☐ cancel			☐ Checking ☐ Savings	☐ Amount ☐ Percentage
3	☐ add account ☐ change ☐ cancel			☐ Checking ☐ Savings	☐ Amount ☐ Percentage
4	☐ add account ☐ change ☐ cancel			☐ Checking ☐ Savings	☐ Amount ☐ Percentage

Visa Pay-Card-When traveling out of state contact card company to alert them otherwise your card will not work.				
	*Nine Digit Routing Number	*Account Number	*Check	*Example: $100.00 or 100%
1	067011294		☐ Checking	☐ Amount ☐ Percentage

Attach a copy of a VOID check, or a letter from your financial institution confirming the account and routing numbers to process a Direct Deposit.

_____   _____
Signature   Date