



TALOS
SOLUTIONS

Direct Deposit Agreement Form

Authorization Agreement

I hereby authorize Talos Solutions to initiate automatic deposits to my account at the financial institution named below. I also agree not to hold Talos Solutions responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until Talos Solutions receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Payroll Department.

Account Information

Bank Account #1

Routing Number: _____

Account Number: _____

% or \$ of Net _____

Checking

Savings

Bank Account #2

Routing Number: _____

Account Number: _____

% or \$ of Net _____

Checking

Savings

Signature

Name (Primary): _____

Authorized Signature: _____ Date: _____

Authorized Signature (Joint): _____ Date: _____

Please attach a voided check or bank letter and return this form to the Payroll Department.