



Authorization For Direct Deposit

I hereby authorize and request Trigon Staff Administrators, Inc. (TSA) to make payment of any amounts owed to me by initiating credit entries to my account indicated below in the bank named below. In the event of an overpayment in error, I hereby authorize TSA to initiate correcting entries to my account of such payment in error.

Employee Name: _____

Social Security Number: - -

Signature: _____ Date: _____

Primary Deposit Account: Checking Savings

100% Of Net Check Other Amount \$ _____

Bank Name: _____

Transit Routing Number:

Account Number:

Secondary Deposit Account: Checking Savings

Amount \$ _____

Bank Name: _____

Transit Routing Number:

Account Number:

Please send completed form and a voided check(s) to TSA to the address below:

Trigon Staff Administrators, Inc.
1010 E. Jefferson Street
Phoenix, AZ 85034
Phone: 602-358-0300
Fax: 602-358-0303

Please either print and complete with an ink pen or complete online and print. This form may be faxed for faster processing but the original must also be forwarded to TSA. Please allow up to 3 weeks for processing.

TSA Use Only

Client Name: _____ Date Entered: _____ Initials: _____