

2027 Rice Street, Roseville, MN 55113

**LOCATION OF CHECK**

# Client Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. \_\_\_\_ I already have direct deposit so there is no change.

2. \_\_\_\_ I would like to have my paycheck directly deposited into my bank account(s).

1. Name of Banking Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Account Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Routing Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Checking \_\_\_\_\_\_ or Savings \_\_\_\_\_\_\_ (Check one)

Do you want all or a partial amount deposited into this account: ALL PARTIAL

If partial to be deposited, please state the amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Name of Banking Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Account Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Routing Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Checking \_\_\_\_\_\_ or Savings \_\_\_\_\_\_\_ (Check one)

Do you want all or a partial amount deposited into this account: ALL PARTIAL

If partial to be deposited, please state the amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Name of Banking Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Account Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Routing Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Checking \_\_\_\_\_\_ or Savings \_\_\_\_\_\_\_ (Check one)

Do you want all or a partial amount deposited into this account: ALL PARTIAL

If partial to be deposited, please state the amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. \_\_\_\_\_ Stop all current direct deposits, the above banking information is replacement OR there are no open accounts at this time.

NOTE: First check with new banking information, any pay change notifications, and payroll correspondence will be sent to address on file (W-4 forms). If the Legal Guardian would like a different address, please provide at bottom of form.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature (Legal Guardian) Date

\*TSE, Inc. went to paperless payroll as of July 1, 2013. Authorized persons may request a log in and password in order to access payroll information online. As of July 1, TSE, Inc. will no longer be mailing copies of checks.

Alternate Address: