

THRIVAS

DIRECT DEPOSIT FORM

PLEASE FAX THE DIRECT DEPOSIT FORM TO (954)717-4432

New to direct deposit program Change existing direct deposit Stop all direct deposits effective: _____

Name: _____
(Please Print)

Social Security Number: _____

Account Type: Checking Savings

Institution Name: _____

Bank Routing / Transit Number: _____

Account Number: _____

Institution Phone Number: _____

PLEASE ATTACH A COPY OF YOUR VOIDED CHECK HERE
(YOUR NAME AND ADDRESS MUST BE PRE-PRINTED ON THE CHECK TO BE ACCEPTED)

New direct deposit accounts may take up to one month to become effective.

I authorize THRIVAS, LLC to start crediting my account at the financial institution listed above for the purpose of automatically depositing funds as indicated above.

I understand that if my account at the financial institutions listed above has been changed or closed, I must inform the THRIVAS Payroll Office in writing. ***THRIVAS is unable to refund rejected monies until they are credited to the THRIVAS payroll account.***

Signature

Date