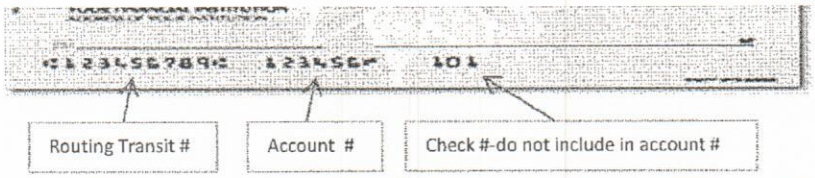
Pay Selection Enrollment Form- TG Missouri Corporation

Attn: New Hires-If a Pay Selection Enrollment form is not submitted to the Payroll Dept within 7 days of being hired, you agree to the use of an ADP Pay Card for a minimum of 90 days.

To enroll in Direct Deposit, complete this form and give to HR/Payroll Dept. Attach a voided check below for each Checking account- NOT a deposit slip. To deposit into a Savings account, ask your bank for their Routing Transit # and your account #, input below. Forms received by Payroll Dept before Noon, Monday of pay week will be processed in that week, forms received after Noon, Monday will be processed on the next pay week. Questions??? Ext 5311

Below is a sample check line detailing where the information necessary to complete this form can be found.



IMPORTANT! Please read and sign before submitting to HR/Payroll Dept.

I authorize TG Missouri Corporation to deposit any amounts owed me by initiating credit entries to my account at the financial institution indicated on this form. I agree that if an amount is deposited to my account in excess of my due wages as the result of error, I will allow TG Missouri Corporation to stop the credit to my account or adjust the amount on my next payroll deposit. I further agree that I will be responsible for monitoring the account(s) to ensure accuracy of the deposits. I also agree to inform TG Missouri Payroll ***BEFORE*** I close account(s). If I fail to do so, I acknowledge that this could delay the receipt of my pay. This authorization will remain in effect until written authorization to terminate is received by TG Missouri Corporation, allowing sufficient time for TG Missouri Corporation to terminate account. By signing below I am stating that I have the authority to make deposits and withdrawls into account(s) and have the authority to allow TG Missouri Corporation same actions.

Employee Name:_____ ***Date:***_____

Employee Signature:_____

Option 1—ADP TotalPay Pay Card

☐ I select the ADP Money Network paycard to receive my pay. I hereby authorize TG Missouri to initiate credit entries for my net pay to the ADP Money Network paycard. I understand that there may be fees associated with using the ADP Money Network paycard if used at ATM's other than those approved by ADP Money Network. I also understand that I will receive my paycard along with use instructions with my next TG Missouri pay statement.

Option 2—Direct Deposit (attach voided check)

☐ New
☐ Cancel
☐ Change

Bank Name/City/State:_____

Routing/Transit #___ ___ ___ ___ ___ ___ ___ ___ ___ Account Number:_____

☐ Checking ☐ Savings ☐ Loan Bi-weekly Deposit $_____.___ or ☐ Full Net Amount

☐ New
☐ Cancel
☐ Change

Bank Name/City/State:_____

Routing/Transit #___ ___ ___ ___ ___ ___ ___ ___ ___ Account Number:_____

☐ Checking ☐ Savings ☐ Loan Bi-weekly Deposit $_____.___ or ☐ Full Net Amount

☐ New
☐ Cancel
☐ Change

Bank Name/City/State:_____

Routing/Transit #___ ___ ___ ___ ___ ___ ___ ___ ___ Account Number:_____

☐ Checking ☐ Savings ☐ Loan Bi-weekly Deposit $_____.___ or ☐ Full Net Amount

OFFICE USE ONLY	Change completed by:	Date: