



Direct Deposit Authorization Form

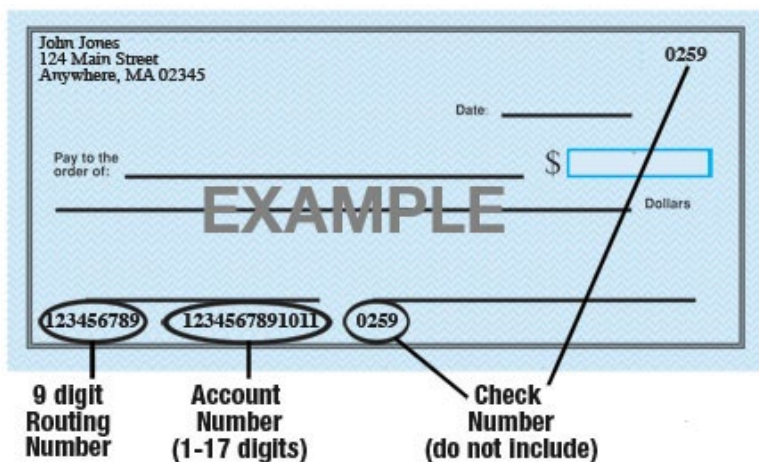
Please complete ALL the information below. Return via email to ICS.Finance@tristargroup.net or fax to 562-495-6687. Paper benefit checks will be mailed until direct deposit has been approved.

Name: _____

Address: _____

City, State, Zip: _____

Claim Number(s) (Obtain from your TRISTAR Specialist): _____



Name of Bank: _____

Account #: _____

9-Digit Routing #: _____

Type of Account: Checking Savings (Check One)

TRISTAR Benefit Administrators is hereby authorized to directly deposit my pay to the account listed above. This authorization will remain in effect until I modify or cancel it in writing.

Employee's Signature: _____

Date: _____

