



## Authorization Agreement for Direct Deposit

Please review this form carefully and print clearly.

Complete this form to have your Texas Income Protection Plan (TIPP) disability payments direct-deposited into your checking or savings account electronically.

Fax or mail this form along with a voided check or savings account deposit slip to:

**FAX:** (847) 554-1853

**MAIL:** TIPP Customer Care at ReedGroup, P.O. Box 6278, Broomfield, CO 80021

To have your payments direct deposited,

Please check the action and fill out the information below:

\_\_\_\_\_ Set up a new direct deposit. You must already have an account set up at your bank. In addition, please:

1. Confirm that your bank accepts direct deposits.
2. Verify your bank's transit/routing number, and your account number (including dashes).
3. You may also need to notify the bank that you will be setting up direct deposit to confirm and complete any additional steps your bank may require.
4. You must submit a voided check or savings account deposit slip with this form to set-up direct deposit.

\_\_\_\_\_ Cancel direct deposit.

\_\_\_\_\_ Change information on a current direct deposit.

\_\_\_\_\_ Change from checking to savings, or from savings to checking.

**Bank or Credit Union:** \_\_\_\_\_

**Bank or Credit Union Routing #:**

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**Account Number for Checking or Savings Account:**

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**You must send a voided check or savings account deposit slip with this form or we will not be able to complete your direct deposit request.**

- I authorize ReedGroup Absence Management and/or their designated representative, and the bank listed above to deposit my net pay into my account each benefit period.
- If funds to which I am not entitled are deposited to my account, I authorize ReedGroup and/or their designated representative to direct the bank to return said funds.
- I understand that it is my responsibility to ensure that my benefits are being deposited correctly into my account each benefit period.

**Employee Name (Print):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_