



20225 N. Scottsdale Rd, Scottsdale, AZ 85255 (480) 606-6000

Employee Authorization for Direct Deposit

- **Form should be completed for items such as: reimbursements, cash advances, tire rebate payments, Halloween participation, and skit awards.**
- **Form should NOT be completed for payroll related payments/paychecks.**

1. Complete all fields below. Fill out your name, department, ID #, address and contact details.
2. Check all appropriate boxes and respective fields related to your bank account.
3. For setting up a new account PLEASE ATTACH A VOIDED CHECK.
4. Hand deliver your completed form in a sealed envelope to Angie Pomykala in AP.
5. **We will NOT accept this form without your signature.**
6. **If you close your account please notify the AP department immediately, failure to do so may delay the re-direction of your funds.**

Employee: _____ Dept. Name/# : _____

Employee ID: _____ **Full-Time Employees Only**
(6 digits)

Address _____

City _____ State _____ Zip _____

Contact Phone Number _____

Email Address _____

NOTE: This email address will be used to send payment remittance details. Email will indicate payment from "Reinalt Thomas". Email is prompted as soon as payment is processed within the AP Department. Funds will be available within 24 to 48 hours of receiving the remittance email. DT is only able to add ONE email address for remittance details.

Choose One: New Set-Up Change to Existing

Choose One: Checking Savings

Account # _____

Routing # _____ Bank Name/Number _____
(9 digits)

I hereby authorize Discount Tire/Americas Tire to initiate credit entries into my account through the depository financial institution named above.

Employee signature: _____ **Date:** _____