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TITAN DIRECT DEPOSIT/CHANGE & W2 AUTHORIZATION FORM

Employee Name:			
Authorized Action:	Initiate Dir	rect Deposit	
	Change D	irect Deposit	
	Additional	Direct Deposit Accoun	t (Enter Fixed Amount)
l agree	to receive my V	N2 Electronically via th	e Web Portal
Financial Institution Nam	ne:		
Routing Number:			
Account Number:			
Type of Account:	Checking	Savings	
For checking		ints, please submit a ion from the bank	voided check or
I HEREBY AUTHORIZE MY NET EARNINGS DI	_		TRICT TO DEPOSIT
Signature:	 	Date:	