

**DCW DIRECT DEPOSIT
CHANGE FORM**

For changing existing Direct Deposit Information on file ONLY.

Please use the Direct Deposit Application if you do not currently have Direct Deposit.

Participant C#: _____ Participant Name: _____

CLE Name: _____ DCW E#: _____

DCW Name: _____ DCW Phone #: _____

Previous Bank Information

Name on Bank Account: _____

Bank Name: _____ Account Type: Savings Checking

Bank Routing #: _____ Bank Account #: _____
(9 digits)

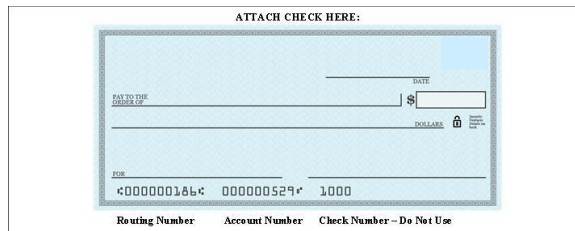
New Bank Information

Name on Bank Account: _____
(Direct Deposit Accounts must include the name of the DCW)

Bank Name: _____ Account Type: Savings Checking

Bank Routing #: _____ Bank Account #: _____
(9 digits)

For a checking account, please attached a voided check or a copy of a check (Starter checks must contain a preprinted DCW name, routing and account number). For a savings account, please attach a bank document containing the DCW's name, the routing and account number (cannot be handwritten). Do not attach a deposit slip. We will not process this application without a voided check, a copy of a check, or a bank document indicating the routing and account number.



I hereby authorize Tempus Unlimited, Inc. (hereinafter "Company") to deposit any amounts owed to me by initiating credit entries to my account at the financial institution (hereinafter "Bank") indicated on this form. Further, I authorize the Bank to accept and to credit any credit entries indicated by the Company to my account. In the event that the Company deposits funds erroneously into my account, I authorize the Company to debit my account for an amount not to exceed the original amount of the erroneous credit. This authorization is to remain in full force and effect until the Company and the Bank have received written notice from me of its termination in such time and in such manner as to afford the Company and the Bank reasonable opportunity to act on it. The termination can take up to seven (7) business days of receipt of written notice for termination to be effective.

DCW Signature: _____ Date: _____

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