

AUTHORIZATION AGREEMENT FOR AUTOMATIC DIRECT DEPOSIT

Company Name: DEE MAC INC	. Store #:	<u>-</u>	Company #: MI4923	
Employee Name (please print):				
Employee Social Security # (rec	First Name Juired to proce	мі ss the requ	Last Name Jest):	_
Name of Bank:				_
Type of Account: Checking	Savings			
Routing Number:	Account	Number:_		
Check here if this is replacing existing banking information. Please scan to Rebecca.				

YOUR PAYCHECK WILL NOT BE DIRECT DEPOSITED UNTIL YOUR BANK HAS VERIFIED YOUR ACCOUNT INFORMATION. ALL BANKS ARE GIVEN A 14-DAY PERIOD TO DO THIS.

ATTACH ONE OF THE FOLLOWING

- VOIDED CHECK
- COPY OF SAVINGS CARD
- PRINTOUT FROM YOUR BANK OR CREDIT UNION WITH AN IMPRINT OF YOUR ACCOUNT NUMBER

 If you fail to provide the proper information which results in your pay being returned to us, you will be charged \$7.00 which will be deducted from your next pay check.

Check here if you do not have a checking or savings account and do not want to open one; you will receive your pay on a pay card. Request a pay card only if you are going to keep the pay card for a minimum of three (3) months.

You must give a minimum of seven days notice before the end of a pay period to make changes to your banking information.

Date