

Employee Direct Deposit

Employee's Name: _____

Last Four Digits of Employee Social Security Number: XXX-XX- _____

Please Choose One:

- Start Direct Deposit Change Direct Deposit Bank Account Stop Direct Deposit

This authorizes _____ (the "Company") to send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method, to my account(s) indicated below and to other accounts I identify in the future. This authorizes the financial institution holding the account to post all such entries.

Account# 1

Checking Savings

Bank Name

Bank Routing Number

Bank Account Number

Percentage or Dollar Amount to be Deposited to This Account

Account# 2

Checking Savings

Bank Name

Bank Routing Number

Bank Account Number

Percentage or Dollar Amount to be Deposited to This Account

This authorization will be in effect until the Company receives a written termination notice from myself and has a reasonable opportunity to act on it.

Signature

Date

Please attach a voided check for each account here.

Form Provided By
Hoheisel Tax & Accounting Services
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Lastrup, MN 56344